

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

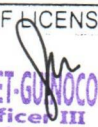
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☒ Blood Test
- ☒ Urinalysis
- ☒ Chest X-Ray
- ☒ Drug Test
- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

### FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) <b>SANTIANES, GERNAH MAY YUGO</b>			AGENCY / ADDRESS <b>VICLA, DAYDAY CM, USTE.</b>
ADDRESS <b>SAN AGUSTIN DAYDAY CITY, USTE.</b>			
AGE <b>25</b>	SEX <b>FEMALE</b>	CIVIL STATUS <b>SINGLE</b>	
			PROPOSED POSITION <b>SUBMIT JURE</b>

### FOR THE LICENSED GOVERNMENT PHYSICIAN

<p><i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i></p>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <div style="text-align: center;">   <b>MERRY CHRISTL T. SUPNET-GONOCOR, M.D.</b>  <b>Medical Officer III</b>  <b>License No. 111828</b> </div>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO	HEIGHT (M) Bare Foot <b>156 cm</b>	WEIGHT (KG) Stripped <b>50kg</b>	BLOOD TYPE <b>"O"</b>
OFFICIAL DESIGNATION		DATE EXAMINED <b>8-22-11</b>	