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/psychological 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 Nam | ne, First Name, Name Extens | AGENCY / ADDRESS | |
|----------------|-----------------------------|-------------------------------|----------------------------|
| CRU2 | , WILLIAM , | UISAYAS CTATE | |
| MARIA (| CLARA, KAA | SIN CITY, SOUTHERN! | LETE UNIMERSITY |
| AGE | SEX | X CIVIL STATUS PROPOSED POSIT | |
| 22 | MALE | SINGLE | SCIENCE RESEARCH AGSISTANT |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | 1-14-2021 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|---------------|
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 1.66 | 7019 | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D. Medical Officer III License No. 111828 | | POSED APPOIN | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER IN | FORMATION AB | OUT THE |
| I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically | | | |