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
Hinalysis
hest X-Ray
Drug Test

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Psychological Test

Musical Oppier II

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

CAVITE	, FRANCE	ALLAN MOLATO	7/(SM:140 apper 1.4.4.102)/7		
ADDRESS			UISAYAS STATE UNINERSITY		
350 BONTOC, HINDANG, LEYTE					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
34	m	S	ASSOCIATE PROFESSOR 1		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically.	xamination result ∆FIT / □UNFIT t	ts, personally e for employment	xamined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: ### MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:	NA PARA PARA PARA PARA PARA PARA PARA PA		
VSV HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
111828	163	67	Or
OFFICIAL DESIGNATION	DATE EXAMINED		