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

IAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
· 80	indalan,	Narvin Bayno		
ADDRESS		•		
Con	n Isidro, P	raybay city, Leytr		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
,33	W	W	Interval Auditor 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically to	xamiñation result □FIT / □UNFIT t	s, personally e or employment	xamined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
MERRY CHRIST'L T. SUPNET-GU OCOR, M.D.	PROPOSED APPOINTEE		
Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:			
Visayous State University Huspital	economy		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
111.020	1.584	58.3	6
OFFICIAL DESIGNATION	DATE EXAMINE	D	

1-13-25

medical officer I