

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS


- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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 Name, First Name, Name Extension (if any) and Middle Name) Ando, Lindy Jane Laureño			AGENCY / ADDRESS VISAYAS STATE UNIVERSITY
ADDRESS Brgy. Mas-in Ormoc City			
AGE 22	SEX Female	CIVIL STATUS single	PROPOSED POSITION Instructor I

FOR THE LICENSED GOVERNMENT PHYSICIAN

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 checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  MARY JOY		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician			
LICENSE NO	HEIGHT (M) Bare Foot 159cm	WEIGHT (KG) Stripped 57kg	BLOOD TYPE O+
OFFICIAL DESIGNATION		DATE EXAMINED 7-18-16	

BP-
120/
70
mmHg

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(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 Name, First Name, Name Extension (if any) and Middle Name) ANDO, LINDY JANE, LAURENDO			AGENCY / ADDRESS ICLAYAS STATE UNIVERSITY	
ADDRESS BRGY. MASIN, ORMOG CITY, LEYTE				
AGE 21	SEX FEMALE	CIVIL STATUS SINGLE	PROPOSED POSITION INSTRUCTOR	

FOR THE LICENSED GOVERNMENT PHYSICIAN

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 checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPNET-GONVOCOR, M.D. Medical Officer III License No. 111828			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot 175 cm	WEIGHT (KG) Stripped 54.8 kgs	BLOOD TYPE O+	
OFFICIAL DESIGNATION			DATE EXAMINED 12-21-18	

11070

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

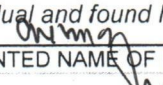
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☒ 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)			AGENCY / ADDRESS
ANDO, LWDY JANE LAUREND			Department of Civil Eng'g, Visayas State University Visca, Baybay City
ADDRESS BRGY. MAS-IN ORMOC CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
21	Female	single	

FOR THE LICENSED GOVERNMENT PHYSICIAN

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 checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 MERRY CHRISTL T. SUPNET-GUINACOR, M.D. Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	159.5 cm	49.	OT
OFFICIAL DESIGNATION	DATE EXAMINED		
	9-6-11		

 100
 50/70