

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

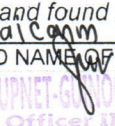
- a. This medical certificate should be accomplished by a licensed government physician.  
 b. Attach this certificate to original appointment, transfer and reemployment.  
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☒ 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)<br>CAORTO, BRIAN JR - ESTROUPE |          |                   | AGENCY / ADDRESS<br>USA SGT. FORCO |
| ADDRESS<br>PUPUK ORRA BRY. LILAN, OKWOC CITY                                                         |          |                   |                                    |
| AGE<br>49                                                                                            | SEX<br>M | CIVIL STATUS<br>M | PROPOSED POSITION                  |

## 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.<br><del>on medical exam for hypertension + diabetes</del> |                                   |                                                |                 |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:<br><br>MERRY CHRISTL T. SUPNET-GUADOR, M.D.<br>Medical Officer III<br>License No. 111828                                                                                                |                                   | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                 |
| AGENCY/Affiliation of Licensed Government Physician:                                                                                                                                                                                                                                                                                     |                                   |                                                |                 |
| LICENSE NO.                                                                                                                                                                                                                                                                                                                              | HEIGHT (M)<br>Bare Foot<br>164 cm | WEIGHT (KG)<br>Stripped<br>73.6 kg             | BLOOD TYPE<br>O |
| OFFICIAL DESIGNATION                                                                                                                                                                                                                                                                                                                     | DATE EXAMINED<br>7-9-18           |                                                |                 |

Dr  
(20/00