

**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 Name, First Name, Name Extension (if any) and Middle Name) <b>LUSANTA, DHENBER</b>			AGENCY / ADDRESS
ADDRESS <b>SU-ONG, CURVA</b>			
AGE <b>70</b>	SEX <b>M</b>	CIVIL STATUS <b>Married</b>	PROPOSED POSITION

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found <u>him/her</u> to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.</b> Medical Officer III License No. <b>111828</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>165</b>	WEIGHT (KG) Stripped <b>68.7</b>	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED <b>1-25-2020</b>		