

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) | | | AGENCY / ADDRESS | |
| SUMARIA, MA. GRACE C | | | VSU | |
| ADDRESS | | | | |
| ZONE 5, BRGY. PATAG, BAYBAY CITY, LEYTE | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 28 | FEMALE | MARRIED | 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: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| <div style="text-align: center;"> <p style="color: purple; font-weight: bold; margin: 0;">MERRY CHRISTL T. SUPNET-SINACOR, M.D.</p> </div> | | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | | |
| LICENSE NO. | | | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | | | 165cm | 77kg. | |
| OFFICIAL DESIGNATION | | | DATE EXAMINED | | |
| | | | 6-10-23 | | |

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