

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) MAGNO, JESUSA M. | | | AGENCY / ADDRESS USU College of Nursing |
| ADDRESS TAGAK, CALIGANA LEXTE | | | |
| AGE 58 | SEX Female | CIVIL STATUS Married | 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. | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN MERRY CHRIST'L T. SUPNAY-GUINOCOR, 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 156 | WEIGHT (KG) Stripped 59.3 | BLOOD TYPE BP: 10/70 mmHg |
| OFFICIAL DESIGNATION | DATE EXAMINED 2-14-19 | | |