

**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>LORETO, DALE PICAL</b>			AGENCY / ADDRESS <b>Phil Root crops - VSU</b>
ADDRESS <b>c. Arellano St. Baybay City, Legte</b>			
AGE <b>45</b>	SEX <b>Male</b>	CIVIL STATUS <b>Married</b>	PROPOSED POSITION <b>SRA</b>

**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</u>/her 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-QUINOCOR, M.D.</b> <b>Medical Officer III</b> <b>License No. 111828</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>169 cm</b>	WEIGHT (KG) Stripped <b>85.5 kgs</b>	BLOOD TYPE <b>A+</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>12-18-18</b>		