

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 |
| GAMOTIN, GRACIELLE DAWN LIONG | | | VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE |
| ADDRESS M.H. DEL PILAR, BAYBAY CITY, LEYTE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 25 | FEMALE | SINGLE | INSTRUCTOR |

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 him/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: MERRY CHRIST'L T. SUPNET-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 | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 1.56m | 50kg | A |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 2-11-2020 | | |

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10070