

**MEDICAL CERTIFICATE**

For Employment

**INSTRUCTIONS**

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

NAME (Last, First, Middle, or if married woman, Maiden Name) <b>GUCELA, ARNEL POLIQUIT</b>			AGENCY ADDRESS <b>VSU</b>		
ADDRESS <b>PATAG, BAYBAY CITY, LEYTE</b>					
AGE <b>36</b>	SEX <b>M</b>	CIVIL STATUS <b>S</b>	PROPOSED POSITION <b>ADMIN. AIDE VI</b>		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> Blood Test</li> <li>2. <input checked="" type="checkbox"/> Urinalysis</li> <li>3. Chest X-ray</li> <li>4. Drug Test</li> <li>5. Neuro-Psychiatric Examination (If necessary)</li> </ol>					
<b>FOR THE PHYSICIAN</b>					
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be <u>physically and medically</u> fit/unfit for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN <b>Mary Ann J. Supon. Ochoa</b>		CERTIFICATE NO. <b>11782</b>	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION <b>MD</b>			HEIGHT (Barefoot) <b>164 cm</b>	WEIGHT (Stripped) <b>68.1</b>	BLOOD TYPE <b>O</b>
AGENCY: <b>VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines</b>			DATE EXAMINED <b>1-15-17</b>		

Bp.  
120/70 mmHg