

**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>BARTOLINI, MANUEL CUARENTA</b>			AGENCY / ADDRESS <b>REGISTRAR'S OFFICE</b>
ADDRESS <b>BRGY. GUADALUPE, DAYDAY CITY, LEYTE</b>			
AGE <b>60</b>	SEX <b>MALE</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION

**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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>MERRY CHRISTL T. SUPNET-GUINAFOR, M.D.</b> Medical Officer III License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>1.66m</b>	WEIGHT (KG) Stripped <b>61 kg</b>	BLOOD TYPE <b>B</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>1-6-2021</b>		

bp  
P2/gom