

## 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>RATILLA, MARK, CATINGAN</b>			AGENCY / ADDRESS <b>DBM - VCU</b>	
ADDRESS <b>APT. 22, KILBORN ST. 18M, VISLA, BAYBAY CITY, LGTE</b>				
AGE <b>26</b>	SEX <b>M</b>	CIVIL STATUS <b>Single</b>	PROPOSED POSITION <b>Assistant Professor I</b>	

### FOR THE LICENSED GOVERNMENT PHYSICIAN

<p><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></p>					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <div style="text-align: center;">   <b>MERRY CHRISTY T. SURPET-OVADOR, M.D.</b>              Medical Officer III              License No. 111528           </div>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.			HEIGHT (M) Bare Foot <b>1.62</b>	WEIGHT (KG) Stripped <b>79.56</b>	BLOOD TYPE <b>B+</b>
OFFICIAL DESIGNATION			DATE EXAMINED <b>11-11-19</b>		

120/80