MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	N	S

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

FOR THE PROPOSED APPOINTEE

☐ Neuro-Psychiatric Examination (if applicable)

	e, First Name, Name Extensi	AGENCY / ADDRESS	
TEV	ES , KAREN	WZ YAP	VSU-DAEEX, Visca
ADDRESS MIRAM B	ITL HOMES,	B 1/ 11/ 05/ 1	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
48	F	M	Associate Prof V

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically.					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.		1			
AGENCY/Affiliation of Licensed Government Physician.					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
	153cm	76.5			
OFFICIAL DESIGNATION	DATE EXAMINED				
	11-10-19				