

**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>DAIZ, DEVIANNE JANE ESMAS</b>			AGENCY / ADDRESS <b>VISAYAS STATE UNIVERSITY / VISCA BAYBAY CITY LEYTE</b>
ADDRESS <b>BARANGAY PANGASUGAN, BAYBAY CITY LEYTE</b>			
AGE <b>31</b>	SEX <b>FEMALE</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>INSTRUCTOR I</b>

**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:  <b>MERRY CHRISTL T. SUPNIT-GUINOCOR, M.D.</b> Medical Officer III License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE  <b>MERRY</b>	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>157.5</b>	WEIGHT (KG) Stripped <b>57.9</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>1-15-2021</b>		