

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)			AGENCY ADDRESS		
DOTOLO ME-AN , CABIGAS			VSU , VISCA BAYBAY CITY , LEYTE		
ADDRESS					
461 STA. BARBARA ST. INOPACAN , LEYTE					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
26	F	M			
Pre-Employment Medical-Physical Tests					
1/ Blood Test					
2/ Urinalysis					
3/ Chest X-ray					
4/ Drug Test					
5. Neuro-Psychiatric Examination (if necessary)					
FOR THE PHYSICIAN					
I HEREBY CERTIFY that I have personally examined the above-named individual and found <u>her/him</u> to be <u>physically and medically fit/unfit</u> for employment			Affix Documentary Stamp		
PRINTED NAME/SIGNATURE OF PHYSICIAN		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D. Medical Officer III License No. 111828					
OFFICIAL DESIGNATION			HEIGHT (Barefoot)	WEIGHT (Striped)	BLOOD TYPE
			156.5cm	51kg	O
AGENCY:			DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			2-21-17		