

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

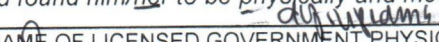
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☒ 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>ISRAEL, ANTONIETA D.</b>			AGENCY / ADDRESS <b>USU, VISCA, BAYBAY CITY, CUYTE</b>	
ADDRESS <b>#19 A. MABINI ST., BAYBAY, LEYTE</b>			PROPOSED POSITION	
AGE <b>48</b>	SEX <b>F</b>	CIVIL STATUS <b>WIDOW</b>		

### FOR THE LICENSED GOVERNMENT PHYSICIAN

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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <div style="text-align: center;">   <b>MERRY CHRISTL T. SUPNET-GUINOCOR, M.D.</b>  <b>Medical Officer III</b>  <b>License No. 111828</b> </div>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>157cm</b>	WEIGHT (KG) Stripped <b>61.5kg</b>	BLOOD TYPE <b>O</b>
OFFICIAL DESIGNATION		DATE EXAMINED <b>1-17-18</b>	

Dr  
120/80