

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS


- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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) | | | AGENCY / ADDRESS |
| BALDO, ODEL BALDI | | | ITCEN/VSC |
| ADDRESS | | | |
| MPT 6 KILBANKS DRIVE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 36 | MALE | MARRIED | AC TECH II |

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 <u>him</u>/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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  MERRY CHRISTL T. SUPNET-QUINOCOR, M.D. Medical Officer III | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped |
| | | 167 | 82 |
| OFFICIAL DESIGNATION | | BLOOD TYPE | |
| | | A+ | |
| | | DATE EXAMINED | |
| | | 9-19-21 | |

np 170
80