

## 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) <i>Jaimes, Gunn</i>			AGENCY / ADDRESS
ADDRESS <i>12 Miss Anna Lin</i>			
AGE <i>43</i>	SEX <i>M</i>	CIVIL STATUS	PROPOSED POSITION

## 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"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>Mary Carmen T. Suman-Gunn</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO. <i>111820</i>	HEIGHT (M) Bare Foot <i>170.0</i>	WEIGHT (KG) Stripped <i>87.26</i>	BLOOD TYPE
OFFICIAL DESIGNATION		DATE EXAMINED <i>6-26-23</i>	