

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) |     |              | AGENCY / ADDRESS           |  |
| DAIZ, DEVIANNE JANE ESMAS                                             |     |              | VISAYAS STATE UNIVERSITY / |  |
| ADDRESS                                                               |     |              | VISCA, BAYBAY CITY, LEYTE  |  |
| APARTMENT 55 KILBOURNE DRIVE, VISCA, BAYBAY CITY, LEYTE               |     |              |                            |  |
| AGE                                                                   | SEX | CIVIL STATUS | PROPOSED POSITION          |  |
| 36                                                                    | F   | MARRIED      | ASSISTANT PROFESSOR IV     |  |

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:                                                                                                                                                                                                                  |                         | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |               |
| MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.<br>Medical Officer III<br>License No. 111828                                                                                                                                                                                           |                         |                                                |               |
| AGENCY/Affiliation of Licensed Government Physician:                                                                                                                                                                                                                           |                         |                                                |               |
| USU - Hospital                                                                                                                                                                                                                                                                 |                         |                                                |               |
| LICENSE NO.                                                                                                                                                                                                                                                                    | HEIGHT (M)<br>Bare Foot | WEIGHT (KG)<br>Stripped                        | BLOOD<br>TYPE |
| 111828                                                                                                                                                                                                                                                                         | 1.56 m                  | 57.9 kg                                        | O+            |
| OFFICIAL DESIGNATION                                                                                                                                                                                                                                                           | DATE EXAMINED           |                                                |               |
| Medical Officer III                                                                                                                                                                                                                                                            | 1-21-25                 |                                                |               |

BP  
120/70