

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) <i>BALINA, FATIMA T.</i>			AGENCY ADDRESS <i>DAEE, CAFE, VSU</i>		
ADDRESS <i>Wanner Apartment, VSU</i>					
AGE <i>59</i>	SEX <i>F</i>	CIVIL STATUS <i>Single</i>	PROPOSED POSITION <i>Associate Prof 1</i>		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> Blood Test 2. <input checked="" type="checkbox"/> Urinalysis 3. <input checked="" type="checkbox"/> Chest X-ray 4. <input checked="" type="checkbox"/> Drug Test 5. <input type="checkbox"/> 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 <i>MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.</i> Medical Officer III License No. 111828		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
OFFICIAL DESIGNATION			HEIGHT (Barefoot) <i>149cm</i>	WEIGHT (Stripped) <i>63.8Kg</i>	BLOOD TYPE <i>O</i>
AGENCY: VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			DATE EXAMINED <i>1-24-10</i>		

Bp.
90/60 mmHg