

MEDICAL CERTIFICATE

For Employment

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)			AGENCY ADDRESS		
Cordova, Julie Ann Sales			DLABS		
ADDRESS					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
37	F	m	Instructor		
Pre-Employment Medical-Physical Tests					
<ol style="list-style-type: none"> 1. Blood Test 2. Urinalysis 3. Chest X-ray 4. Drug Test 5. Neuro-Psychiatric Examination (If necessary) 					
<p>BP-90/60 mmHg</p>					
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</u> fit/unfit for employment					Affix Documentary Stamp
PRINTED NAME/SIGNATURE OF PHYSICIAN		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D. Medical Officer III License No. 111828					
OFFICIAL DESIGNATION			HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
			146.5 cm	62.5 kg	B
AGENCY:			DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines			3-24-11		

BP:
90/60