

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) CASTIL, JUNDY | | | AGENCY / ADDRESS VSU/BAYBAY LEYTE |
| ADDRESS MARCOS, BAYBAY, LEYTE | | | |
| AGE 26 | SEX MALE | CIVIL STATUS SINGLE | PROPOSED POSITION INSTRUCTOR I |

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 MERRY CHRISTL T. SUPNET-GINOCOR, M.D. Medical Officer III License No. 111828 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician | | | |
| LICENSE NO | HEIGHT (M) Bare Foot 1.63m | WEIGHT (KG) Stripped 77.4kg | BLOOD TYPE A+ |
| OFFICIAL DESIGNATION | DATE EXAMINED 7-8-15 | | |

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120/100

10/10/1944

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