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	e, First Name, Name Extens	ion (if any) and Middle Name)	AGENCY / ADDRESS
\mathcal{L}	Diao, John	Martin A	
ADDRESS	as man anamanan and an anathra and the street		15.45. PM (10.55.1516)
	Baylon C	ily	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	m	S	Instructor 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically, SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Christelle Venus F. Capuno, M.D. Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:	ne. co		
VSU Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0/5/28/	1-72cm	57.9kg	
O(5(28) OFFICIAL DESIGNATION	1-72CM DATE EXAMINE		CA PLOUVING CONTROL A