

(For Employment)

- 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)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
SIDAYA , IRISH COCO			DMath, VSU , Visca, Baybay City, Leyte
ADDRESS			
Purok 1, Sta. Cruz, Baybay City. Leyte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31	F	Married	Assistant Professor II

<p>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.</p>			
<p>SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:</p> <p><i>[Signature]</i>          ERWIN JAY V. WILSON, MD, MPH</p>		<p>OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE</p> <p><i>[Signature]</i></p>	
<p>AGENCY/Affiliation of Licensed Government Physician:</p> <p><i>[Signature]</i>          USF</p>			
<p>LICENSE NO.</p> <p><i>[Signature]</i>          980</p>		<p>HEIGHT (M) Bare Foot</p> <p>1.60</p>	<p>WEIGHT (KG) Stripped</p> <p>62</p>
		<p>BLOOD TYPE</p> <p>B<sup>+</sup></p>	
<p>OFFICIAL DESIGNATION</p> <p>Chief of Hospital I</p>		<p>DATE EXAMINED</p> <p>9/30/22</p>	