MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

11101110110110
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

	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	AGENCY / ADDRESS				
CALTUNES	DD , PHOEBE LYN	Narcina Navada				
ADDRESS Deportment						
WAKNE	es 2WH 95 1882					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION			
98	FEMALE	SINBL	Assistance Professor IV			

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LIGHTSED GOVERNMENT PHYSICIAN: LICENSE VENUS F. CAPUND, M.D. MEDICAL OFFICER III LICENSE NO. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
V8M HORPITAL			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
#0156881	Bare Foot //e3 cm	Stripped 84 kg	O+
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDICAL OFFICER III	4/1.	7/2024	