

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, First Name, Name Extension (if any) and Middle Name) CURAY, MA. GRACE M. | | | AGENCY / ADDRESS VISAYAS STATE UNIVERSITY |
| ADDRESS BRGY. PATAG, BAYDAY CITY, ILOILO | | | |
| AGE 27 | SEX FEMALE | CIVIL STATUS MARRIED | PROPOSED POSITION INSTRUCTOR - 1 |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | |
|---|--|--|------------|
| <i>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.</i> | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot 162 ~. | WEIGHT (KG) Stripped 71 kg. | BLOOD TYPE |
| OFFICIAL DESIGNATION | DATE EXAMINED 6/23/20 | | |