## MEDICAL CERTIFICATE

(For Employment)

I	N	S	T	R	U	C.	TI	0	N	S

a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physics must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.		
FOR THE PROPOSED APPO	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  NAY HE SHIWY TANO	AGENCY / ADDRESS		
GUNDAUUPE, BAYBAY CITY, LEYTE	- OVPRET, VSM		
AGE SEX CIVIL STATUS  Singe	PROPOSED POSITION		
FOR THE LICENSED GOVERNMEN  I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him the start of the start			
above named individual and found nim/ner to be physically and medically $\square$ 1	FIT / UNFIT for employment.		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus F. Capuno, M.D.  Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:  ###################################			
CICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped UTYPE		
Midial Officer 11	DATE EXAMINED 18 OCTOBER 2023		