CS Form	No.	21	1
Revised 20	18		

MEDICAL CERTIFICATE

(For Employment)

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- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

ADDRESS	idal, Poca	Legal Office		
	200e 11 B	ay pay lits, legte		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
35	M	5 mole	Admin Aide VI	

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 LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Christelle Verus F. Capuno, M.D. Lic, No. 01568a1	

AGENCY/Affiliation of Licensed Government Physician:

VSU Hospital

0156881

Bare Foot 175 in DATE EXAMINED

HEIGHT (M)

Stripped 79.41

WEIGHT (KG)

AGENCY / ADDRESS

BLOOD

3/21/2015

Medical Offici

OFFICIAL DESIGNATION

LICENSE NO.

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