

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

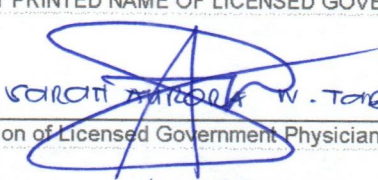
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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) <b>DATAN, MAWIN BELMI</b>			AGENCY / ADDRESS <b>Dept. of Horticulture, College of Agriculture and Food Science, KSU, ICSA, Baybay City</b>	
ADDRESS <b>Pangasinan, Baybay City</b>				
AGE <b>25</b>	SEX <b>M</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>Reg. Instructor I</b>	

### FOR THE LICENSED GOVERNMENT PHYSICIAN

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.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>SARAH M. TORIBARA, MD.</b>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>KSU HOSPITAL</b>				
LICENSE NO. <b>0153151</b>	HEIGHT (M) Bare Foot <b>173.2</b>	WEIGHT (KG) Stripped <b>74.2</b>	BLOOD TYPE <b>A+</b>	
OFFICIAL DESIGNATION <b>MEDICAL OFFICER III</b>			DATE EXAMINED <b>12-13-21</b>	

*Class B: Acute Urinary tract Infection*

*Mr. 20/80*