

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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)<br><b>PATARES, GLENN GUBALANE</b> |                    |                                | AGENCY / ADDRESS<br><b>DEPARTMENT OF PHILOSOPHY AND<br/>SOCIAL SCIENCES</b> |
| ADDRESS<br><b>412 BLISS, ORMOC CITY, LEYTE</b>                                                          |                    |                                |                                                                             |
| AGE<br><b>44</b>                                                                                        | SEX<br><b>MALE</b> | CIVIL STATUS<br><b>MARRIED</b> | PROPOSED POSITION                                                           |

### 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:<br><b>CHRISTELLE VENUS S. CAPUND, M.D.</b><br>MEDICAL OFFICER III<br>LICENSE NO. <b>0154281</b>                                                                                                                         |                                           | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |               |
| AGENCY/Affiliation of Licensed Government Physician:<br><b>USHEK USU</b>                                                                                                                                                                                                              |                                           |                                                |               |
| LICENSE NO.<br><b>0154281</b>                                                                                                                                                                                                                                                         | HEIGHT (M)<br>Bare Foot<br><b>170. cm</b> | WEIGHT (KG)<br>Stripped<br><b>93.8</b>         | BLOOD<br>TYPE |
| OFFICIAL DESIGNATION<br><b>Medical Officer III</b>                                                                                                                                                                                                                                    |                                           | DATE EXAMINED<br><b>16 April 2024</b>          |               |