

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) | | | AGENCY / ADDRESS |
| FERNANDEZ, RICKY DANN | | | |
| ADDRESS | | | |
| BRGY. PANGASUGAN, BAYBAY CITY, ILOTE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 29 | M | SINGLE | |

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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped |
| | | 163.5 | 65.3 kg |
| OFFICIAL DESIGNATION | | BLOOD TYPE | |
| | | | O |
| | | DATE EXAMINED | |
| | | 3-1-2021 | |

Bp.:
100/70