

## 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>VESTRA, JEREMIAS SANGRE</b>			AGENCY / ADDRESS <b>LSU, VCCA Payday City, Lette</b>
ADDRESS <b>GUADALUPE, PAYDAY CITY, LETTE</b>			
AGE <b>60</b>	SEX <b>M</b>	CIVIL STATUS <b>M</b>	PROPOSED POSITION <b>CONTRACTUAL</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>CHRISTELLE VENUS F. CAPUNO, M.D.</b> MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>LSU Hospital</b>			
LICENSE NO. <b>0156881</b>	HEIGHT (M) Bare Foot <b>159</b>	WEIGHT (KG) Stripped <b>71 kg</b>	BLOOD TYPE <b>A</b>
OFFICIAL DESIGNATION <b>Medical Officer III</b>		DATE EXAMINED <b>1-9-24</b>	

R3  
7/10/20