

**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
DIAO, John Martin Alta			DUABS
ADDRESS			
425 M.L. Quezon street Baybay City			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
25	M	Single	Instruction 1

**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 ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 25315				
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	178	64	'A'	
OFFICIAL DESIGNATION	DATE EXAMINED			
	6-23-22			

137/120  
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