

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

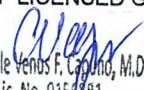
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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)<br><b>ACORITAY DAISY PACAYO</b> |                      |                                | AGENCY / ADDRESS<br><b>VISAYAS STATE UNIVERSITY</b> |
| ADDRESS<br><b>76 KILBOURNE DRIVE VISAYAS STATE UNIVERSITY</b>                                         |                      |                                |                                                     |
| AGE<br><b>42</b>                                                                                      | SEX<br><b>FEMALE</b> | CIVIL STATUS<br><b>MARRIED</b> | PROPOSED POSITION<br><b>ASSISTANT PROF III</b>      |

**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><br>Christelle Venos F. Capuno, M.D.<br>Lic. No. 0156681                                                                          |                                          | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |            |
| AGENCY/Affiliation of Licensed Government Physician:<br><b>WTEK URM</b>                                                                                                                                                                                                               |                                          |                                                |            |
| LICENSE NO.<br><b>0156681</b>                                                                                                                                                                                                                                                         | HEIGHT (M)<br>Bare Foot<br><b>1.51 M</b> | WEIGHT (KG)<br>Stripped<br><b>67.2 kg</b>      | BLOOD TYPE |
| OFFICIAL DESIGNATION<br><b>Medical Officer III</b>                                                                                                                                                                                                                                    | DATE EXAMINED<br><b>25 April 2024</b>    |                                                |            |