

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 |
| ESCALA, LEOPOLDO JR SIMPRON | | | VSH, Visca, Baybay City, Leyte |
| ADDRESS Brgy. JAFNA, BAYBAY CITY, LEYTE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 43 | Male | MARRIED | Admin Assistant I |

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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| CHRISTINE VENUS <i>Alley</i> F. CAPUNO M-D | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VSH HOSPITAL | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| 056882 | 162 | 85 | O |
| OFFICIAL DESIGNATION | | DATE EXAMINED | |
| Medical Officer III | | 8-1-25 | |

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