

**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>CRUZ WILLIAM A</b>			AGENCY / ADDRESS <b>PHILROOT CROPS VSH</b>	
ADDRESS <b>BREV. MA. CUBA MARIAN CITY SO. LETE</b>				
AGE <b>23</b>	SEX <b>M</b>	CIVIL STATUS <b>S</b>	PROPOSED POSITION <b>SRA</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: <b>Christelle Venus F. Capuno, M.D. Lic. No. 0156881</b>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>VSH WHER</b>				
LICENSE NO. <b>0156881</b>	HEIGHT (M) Bare Foot <b>166</b>	WEIGHT (KG) Stripped <b>74</b>	BLOOD TYPE <b>BP 110/80</b>	
OFFICIAL DESIGNATION <b>Medical Officer III</b>			DATE EXAMINED <b>12-14-22</b>	