

# MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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) <i>ORAIZ, KENNETH</i>			AGENCY / ADDRESS <i>SOIL SCIENCE DEPARTMENT</i>
ADDRESS <i>MACROHON, SOUTHERN, LATE</i>			
AGE <i>29</i>	SEX <i>MALE</i>	CIVIL STATUS <i>SINGLE</i>	PROPOSED POSITION <i>Instructor III</i>

## 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: <i>[Signature]</i> <b>CHRISTELLE VENUS P. LAPUND, M.D.</b> MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>USM HOSPITAL</i>			
LICENSE NO. <i>#0156881</i>	HEIGHT (M) Bare Foot <i>171 cm</i>	WEIGHT (KG) Stripped <i>75.4 kg</i>	BLOOD TYPE <i>O+</i>
OFFICIAL DESIGNATION <i>MEDICAL OFFICER II</i>	DATE EXAMINED <i>18 April 2024</i>		