MEDICAL CERTIFICATE

(For Employment)

I	N	S	T	R	1	0	T	1	0	N	9

- 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, Fir	rst Name, Name Extension (if	AGENCY / ADDRESS			
	LAMBER	AT , BABYLYN	DEPT. OF ECONOMICS,			
ADDRI		FI , VSU, BI	RGY. PANGASUGAN, BAYBAY	PANGASUGAN, BAYBAY CITY LEUTE		
AGE	44	sex Frmale	CIVIL STATUS MARPLED	PROPOSED POSITION		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examabove named individual and found him/her to be physically and medically	ination results, personally examined the T / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F. Capuro, M.D. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO.

OFFICIAL DESIGNATION

WHER V84

0126881

DATE EXAMINED

Medical officer

April wy

WEIGHT (KG)

Stripped

BLOOD

TYPE

HEIGHT (M)

Bare Foot