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 | e, First Name, Name Extensi | AGENCY / ADDRESS | |
|-----------------|-----------------------------|-------------------------|-------------------|
| Lina | , Dario P | NCRC-V, VSU, Pangasugan | |
| ADDRESS A | t.16, Kilbourne | | |
| . 8 | saybay Citt | | 1991, Baybay City |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 58 | Male | Married | Trafessor V |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically | | | | |
|---|----------------------|--|--------------------|--|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: CMRISTELLE VENUS F. CAPUND, M.B. MEDICAL OFFICER III LICENSE NO. 0156881 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| ven Hoephal | | | | |
| LICENSE NO. # 0156 881 | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped Flkg/ | BLOOD TYPE O | |
| OFFICIAL DESIGNATION | DATE EXAMINED | DATE EXAMINED | | |
| MEDICAL OFFICER III | 11. April | 2624 | | |