

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) <i>ISABEL, ANTONIETA CERAZON DIAZ</i>			AGENCY / ADDRESS <i>VISAYAS STATE UNIVERSITY</i>
ADDRESS <i>#19 A. MABINI ST., BAYBAY CITY, LEYTE</i>			
AGE <i>54</i>	SEX <i>F</i>	CIVIL STATUS <i>WIDOWED</i>	PROPOSED POSITION

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: <i>[Signature]</i> <i>CHRISTELLE VELASCO P. APUNDO</i> MEDICAL OFFICER III LICENSE NO. 0156941		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>USHEX USA</i>			
LICENSE NO. <i>0156941</i>	HEIGHT (M) Bare Foot <i>159.3 cm</i>	WEIGHT (KG) Stripped <i>60.6 kg</i>	BLOOD TYPE <i>O</i>
OFFICIAL DESIGNATION <i>Medical Officer III</i>	DATE EXAMINED <i>11-30-23</i>		

DP
12/80