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) AGENCY / ADDRESS MELVINCE , ROM MARTIREZ, VCU - VICACA, BAYBAY ADDRESS CITY, LEYTE GUADALUPE , BAYBAY CITY, LEYTE AGE SEX CIVIL STATUS PROPOSED POSITION M 28 MARRIED INSTRUCTOR 1 - REGULAR PERMANENT

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination result FIT / □UNFIT t	s, personally for employmer	examined the nt.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: WEGA CHUSTEUE VERUS F. CAPUNU, MD	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	-		
USTER USY			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
01.4891	160.5	97.5	120 190m
OFFICIAL DESIGNATION	DATE EXAMINE	D	(V 8
- Medical Officer III	12 April	2014	