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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

GAVAN ARVIN PAE TINGZON			VICABAG STATE UNIVERSITY		
BRGY BACONG, BABATNGON, LEYTE			VISCA, PAY BAY CITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
22	MALE	TINGLE	INGRUCTOR T		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex-	amination results, personally examined the
above named individual and found him/her to be physically and medically 🖵	¥IT / □UNFIT for employment.
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SIGNATURE OVER PRINTED NAME OF ICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
Charles CCC	PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

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HEIGHT (M)

Bare Foot

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OFFICIAL DESIGNATION

LICENSE NO.

VSU

41828

MEDICAL OFFICER III

BLOOD

TYPE

WEIGHT (KG)

Stripped

AGENCY / ADDRESS