

**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) <b>GAPASIN, CIEDELLE HONEY LOU DIMALIG</b>			AGENCY / ADDRESS <b>COLLEGE OF NURSING VISAYAS STATE UNIVERSITY</b>
ADDRESS <b>NO. 32 MIRAMBEL HOMES, BRGY. GABAS, BAYBAY CITY, LGU</b>			
AGE <b>39</b>	SEX <b>F</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>INSTRUCTOR 1</b>

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>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.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <b>SARAH AURORA W. TABADA, M.D.</b> Medical Officer III License No. <b>2153157</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>154L</b>	WEIGHT (KG) Stripped <b>57.5</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>06-15-2022</b>		

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