

## 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
DAVIL, JANE PAGALAN			VISCA, BAYBAY CITY, LEYTE
ADDRESS			
BRGY. GABAS, BAYBAY CITY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	FEMALE	SINGLE	INSTRUCTOR 1

## 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 ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 23545			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	152	60	At
OFFICIAL DESIGNATION	DATE EXAMINED		
	8-8-22		

BP  
100/60.

Class C: Asthma - Controlled.