

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 |
| ONGY, ELVIRA ENTERO | | | Dbm |
| ADDRESS | | | |
| APT. 56 KILBOURNE ST. VERA, MAYAGUEZ CITY, LETE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 42 | FEMALE | MARRIED | Associate Professor II |

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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| CHRISTELLE VENUS F. CAPONO, M.D. MEDICAL OFFICER III LICENSE NO. 0156881 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VERA INFIRMARY HOSPITAL | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| #0156881 | 156 cm | 62.8 kg | A+ |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| MEDICAL OFFICER III | 7/18/2024 | | |