

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

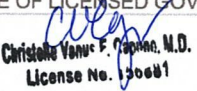
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ 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>DORSTAN, PATRICK T.</b>			AGENCY / ADDRESS <b>VSU</b>
ADDRESS <b>BROG. MARCOS, BAYBAY CITY</b>			
AGE <b>27</b>	SEX <b>M</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>INSTRUCTOR I</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>Christelle Yonac F. Capone, M.D.</b> License No. 130001		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>VSU HOSPITAL</b>			
LICENSE NO. <b>156881</b>	HEIGHT (M) Bare Foot <b>1.57</b>	WEIGHT (KG) Stripped <b>68</b>	BLOOD TYPE <b>A</b>
OFFICIAL DESIGNATION <b>Medical Officer</b>	DATE EXAMINED <b>1-10-25</b>		

125/100