

## 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   |
| ARRADAZA, CATHERINE CASTRO  |        |              | Department of Horticulture<br>Visayas State University<br>Visca, Baybay City, Leyte 6521 |
| ADDRESS<br>Brgy. Santo Rosario, Baybay City, Leyte                    |        |              |  |
| AGE   | SEX    | CIVIL STATUS | PROPOSED POSITION  |
| 43  | Female | Single       | Assoc. Prof. 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 |                |
| Merry Ann S. Giron   |                         |  |                |
| AGENCY/Affiliation of Licensed Government Physician:<br>VCA  |                         |  |                |
| LICENSE NO.  | HEIGHT (M)<br>Bare Foot | WEIGHT (KG)<br>Stripped                        | BLOOD<br>TYPE  |
| 11420  | 150cm/1.5m              | 51 kgs   | O <sup>+</sup> |
| OFFICIAL DESIGNATION   | DATE EXAMINED           |  |                |
| MD   | W - 3-21                |  |                |