MEDICAL CERTIFICATE

(For Employment)

INSTR	UC	TIC	NS
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- 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 N	AME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS
Cavero	Jedan	A	
ADDRESS			to the contraction
G	abour, Bo	rybory	
	EX	CIVIL STATUS	PROPOSED POSITION
28	m	S	

FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically ZFIT / DUNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the

PROPOSED APPOINTEE Christelle Venus F. Capuno, M.D. Lic. No. 0156881

AGENCY/Affiliation of Licensed Government Physician: V84

HEIGHT (M)

Bare Foot

WEIGHT (KG)

Stripped

BLOOD

0156881

LICENSE NO.

DATE EXAMINED

OFFICIAL DESIGNATION Medical Officer (11 July 12, 2024