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/mental examinations 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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) VSU MORALES ADDRESS AGE SEX CIVIL STATUS PROPOSED POSITION MARRIED M ADMN. AIDE III 45 ** 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 AFIT / UNFIT for employment. SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: BLOOD LICENSE NO HEIGHT (M) WEIGHT (KG) 078699 Bare Foot Stripped TYPE At 152 61.2 kg OFFICIAL DESIGNATION DATE EXAMINED medical officer ci 118