## 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 CHRISTIAN NAVARROSA BACOLOD, VSU **ADDRESS** GUADALUPE, BAYBAY BREY. AGE SEX CIVIL STATUS PROPOSED POSITION M 29 SINGLE INSTRUCTOR 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus F. Capuno, M.D. Lic. No. 0156881	mination results, personally examined the FIT / DUNFIT for employment.  OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:  USHEN VSU			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD W TYPE
official designation  Med'al Officer III	DATE EXAMINED  // December 2003		

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