

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

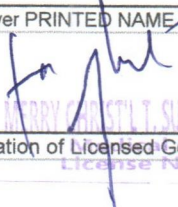

- a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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
CUEVA, SHEBELE A.			CUM- VSU
ADDRESS			
BRGY. GAMBAS, BAYDAY CITY LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
24	F	SINGLE	INSTRUCTOR I

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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
 JERRY CASTILLO, M.D. License No. 111828				
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	9800	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	COH I	148	455	
		DATE EXAMINED		
		7/8/17		

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