

(For Employment)

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
TRIPOLG, MARK RYAN ROSAL			VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE
ADDRESS			
SEGUINON, ALBUERA, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
33	M	SINGLE	INSTRUCTOR I

<p>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.</p>			
<p>SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:</p> <p><i>[Signature]</i> LAWRENCE JAY V. WILSON, MD, MPH</p>		<p>OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE</p> <p><i>[Handwritten: Obese Y]</i></p>	
<p>AGENCY/Affiliation of Licensed Government Physician:</p> <p><i>[Handwritten: VSA]</i></p>		<p>HEIGHT (M) Bare Foot</p> <p><i>[Handwritten: 168 cms.]</i></p>	
<p>LICENSE NO.</p> <p><i>[Handwritten: 985]</i></p>		<p>WEIGHT (KG) Stripped</p> <p><i>[Handwritten: 83.1 kgs.]</i></p>	<p>BLOOD TYPE</p> <p><i>[Handwritten: A+]</i></p>
<p>OFFICIAL DESIGNATION</p> <p><i>[Handwritten: Chief of Hygiene]</i></p>		<p>DATE EXAMINED</p> <p><i>[Handwritten: 9/26/20]</i></p>	

32-10-19

für mich + typische Merkmale