ADDRESS

36

AGE

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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) VISAYAS STATE UNIVERSITY ESTILLORE CHELYN GALUPO VIJCA, BAYBAY CITY, LETTE GABAS, BAYBAY CITY LEYTE SEX CIVIL STATUS PROPOSED POSITION + MARRIED 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 \(\sqrt{FIT} / \quad UNFIT for employment. \) SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE lay V. Yu, M.D. PROPOSED APPOINTEE ef of Hospital License No. 098800

LICENSE NO.

OFFICIAL DESIGNATION

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M) Bare Foot 152 cm

WEIGHT (KG) Stripped 62.5kg

DATE EXAMINED

1-23-2020

BP:

BLOOD

TYPE

AB+