

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
ESCALA, LEONIFER SEMPRON			PHILPOOT CPOF
ADDRESS			
BPOB: JAEWA DAYDAY CITY, LENO			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
35	MALE	MARRIED	ADMIN AIDE I

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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 Christelle Yonus F. Capano, M.D. License No. 156881			
AGENCY/Affiliation of Licensed Government Physician:			
USU HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
156881	157	72	A+
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer III	1-9-25		

Bp
120/70