MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Jagonos, Liza Ann Coronado	Visayas State University
Brgy. Cogon, Baybay	Visca, Baybay City, Leyte
AGE SEX CIVIL STATUS	PROPOSED POSITION
38 Finale Married	Admin . Aide III
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically parts.	xamination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Verus F. Capurd, M.D. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) Bare Foot Stripped TYPE 91.7 Of
OFFICIAL DESIGNATION	DATE EXAMINED