

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

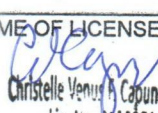
- a. This medical certificate should be accomplished by a licensed government physician.  
 b. Attach this certificate to original appointment, transfer and reemployment.  
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ 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) <b>MORNIAS, NELITA CUYOS</b>			AGENCY / ADDRESS <b>VSU</b>
ADDRESS <b>MRCY. GUADALUPE, MAYBAY CITY LEYTE</b>			
AGE <b>56</b>	SEX <b>Female</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>CASUAL/SRA</b>

## 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:  <b>Christelle Venus A. Capuno, M.D.</b> Lic. No. 0256881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>VSU Hospital</b>			
LICENSE NO. <b>0256881</b>	HEIGHT (M) Bare Foot <b>1.56 cm.</b>	WEIGHT (KG) Stripped <b>59.3 Kgs.</b>	BLOOD TYPE <b>O</b>
OFFICIAL DESIGNATION <b>Medical Officer IA</b>	DATE EXAMINED <b>1-11-24</b>		

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