

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 | |
| MAGA, IANVIE NICHOLAS ABATON | | | VSCU | |
| ADDRESS | | | | |
| SUNFLOWER DORMITORY, VSCU, VISCIA, BAYBAY CMU | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 24 | F | SINGLE | REMARK - TEMPORARY | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | | |
|--|--|--|--|-------------------------|
| <p><i>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.</i></p> | | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  MERRY CHRISTL T. SUPNET-GLORIOSO, M.D. | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| LICENSE NO. | | | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped |
| | | | 156 | 60kg |
| OFFICIAL DESIGNATION | | | BLOOD TYPE | |
| | | | B+ | |
| | | | DATE EXAMINED | |
| | | | 8-20-21 | |

by 120
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