

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

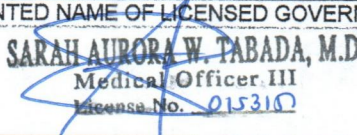
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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
TORRION, CHARLINDO, SIEGA			Dept. of Meteorology, VSU
ADDRESS Banahaw Res Hall, VSU			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
29	M	Single	Instructor 1

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		
 SARAH AURORA W. TABADA, M.D. Medical Officer, III License No. 015310				
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.				
OFFICIAL DESIGNATION		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
		165	70g.	"O+" BP 100/70
		DATE EXAMINED 6-30-22		