

**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>MILLA, NORBERTO JR. ESPEJO</b>			AGENCY / ADDRESS <b>DEPT. OF STATISTICS VSU, RAYBAY CITY LEYTE</b>
ADDRESS <b>APT. 29 KILBOURNE ST. VSU, RAYBAY CITY, LEYTE</b>			
AGE <b>46</b>	SEX <b>MALE</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>ASSO. PROF IV</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 ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>Christelle Venus P. Capuno, M.D.</b> Lic. No. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>160</b>	WEIGHT (KG) Stripped <b>63</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>3 October 2022</b>		