## MEDICAL CERTIFICATE

(For Employment)

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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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Chest X-Ray

☑ Drug Test Psychological Test

□ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

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PUROK 10	ANG- ICANG	, BRGY. Marcos, BAYDAY, LETTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
49	F	MARRIED	40 W		

## 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:	OTHER INFORMATION ABOUT THE				
1901.	PROPOSED APPOINTEE				

AGENCY/Affiliation of Licensed Government Physician:

Bare Foot 151.4

DATE EXAMINED

HEIGHT (M)

BLOOD

TYPE

OFFICIAL DESIGNATION

LICENSE NO.

Medical Officer III

WEIGHT (KG)

Stripped

72.2

AGENCY / ADDRESS