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
Chest X-Ray
Drug Test
Psychological Test

FOR THE PROPOSED APPOINTEE

☐ Neuro-Psychiatric Examination (if applicable)

| NAME (Last Name | , First Name, Name Extension | AGENCY / ADDRESS | | |
|-----------------|------------------------------|------------------|-------------------|--|
| ADDRESS | | ITAONY TABUNAN | NARC, VOU | |
| HINI | MANGAN, 8 | O. LEYTE | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 26 | MALE | SMALE | 8PA | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
|---|--|-------------------------|---------------|--|
| CHRISTELLE VENUS F. CAPUNO, M.D. | | | | |
| MEDICAL OFFICERIII LIGENSE NO. 0156881 | | | | |
| AGENCY/Affiliation of Licensed Government Physician: WU Hospital | ACCONSTRUCT | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | | |
| Medical Oppleer II | 1-5-24 | | | |