

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) <i>Villanar Genivie A</i>			AGENCY / ADDRESS
ADDRESS <i>Mahaplay Luke</i>			
AGE <i>30</i>	SEX <i>F</i>	CIVIL STATUS <i>Single</i>	PROPOSED POSITION <i>CASUAL</i>

FOR THE LICENSED GOVERNMENT PHYSICIAN

<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>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>Christelle Venus F. Chirano, M.D.</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>USA USAFER</i>			
LICENSE NO. <i>0176881</i>	HEIGHT (M) Bare Foot <i>151</i>	WEIGHT (KG) Stripped <i>68</i>	BLOOD TYPE <i>B+</i>
OFFICIAL DESIGNATION <i>Medical Officer III</i>	DATE EXAMINED <i>5-15-23</i>		

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MS/20