## MEDICAL CERTIFICATE

(For Employment)

	_
INSTRUCTIONS	
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Capuno, Christelle Venus	VsV
Apt. 42 VSV	
AGE SEX CIVIL STATUS	PROPOSED POSITION
29 Female Single	Medical Oppier III
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, \(\sum FIT / \sum UNFIT for employment.\)	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  CHIEF OF HOSPITAL I  LICENSE NO. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	- Lu
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
closed of Herold ?	12-28-23