

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

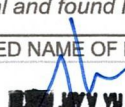

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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) | | | AGENCY / ADDRESS |
| PAMPOS, CES ANDRE BAGA | | | VSN-BAYBAY |
| ADDRESS | | | |
| Bldg. 600A, BAYBAY CITY, VETAK | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 31 | F | SINGLE | ADAS II |

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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  DR. JAY V. YU, MD, MPH. Chief of Hospital I License No. 098800 | |  | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VIGAYAS STATE UNIVERSITY HOSPITAL | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| 098800 | 1.50m | 49.5 kg | A+ |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| CHIEF OF HOSPITAL I | 5/2/25 | | |