

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) VEGA, MARIA LILIA PABON | | | AGENCY / ADDRESS VSU |
| ADDRESS BRGY. STA. CRUZ, DAYDAY CITY, LEXTE | | | |
| AGE 56 | SEX FEMALE | CIVIL STATUS MARRIED | PROPOSED POSITION |

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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment. | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: ELWIN JAY V. YU, MD, MPH. CHIEF OF HOSPITAL LICENSE NO. 098800 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: VSU | | | |
| LICENSE NO. TSN | HEIGHT (M) Bare Foot 168cm | WEIGHT (KG) Stripped 59kg | BLOOD TYPE A+ |
| OFFICIAL DESIGNATION CWA I | DATE EXAMINED 12-29-23 | | |

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70