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 Nan | ne, First Name, Name Extensi | on (if any) and Middle Name) | AGENCY / ADDRESS | |
|----------------|------------------------------|------------------------------|-----------------------|--|
| UILL | AS, JANSEL | JOI CABATANA | VSU BAYBAY CITY | |
| ADDRESS | | | 130 (011 1011 1 (11) | |
| VSU | CAMPUS, BAY | BAY CITY, LEYTE | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 31 F | | W | AMINISTRATIVE ALOF VI | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically 1 | | | |
|--|--|-------------------------|---------------|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| MERRY CHNSTLT: SUPNET AND | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 1.52 m | SD.65kgg | Ot |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| MEDICAL OFFICER III | 3 21 2025 | | |