

**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>CAGASAN, ULYSSES ALAS</i>			AGENCY / ADDRESS <i>DA, VSU Beybay City, Lape</i>
ADDRESS			
AGE <i>53</i>	SEX <i>M</i>	CIVIL STATUS <i>M</i>	PROPOSED POSITION <i>Prof V</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>Mary Ann S. Gnm</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>VSU</i>			
LICENSE NO. <i>1782</i>	HEIGHT (M) Bare Foot <i>1.65</i>	WEIGHT (KG) Stripped <i>86 kg</i>	BLOOD TYPE <i>A+</i>
OFFICIAL DESIGNATION <i>MD</i>	DATE EXAMINED <i>11-0-21</i>		