MEDICAL CERTIFICATE

(For Employment)

1	0.1	-	-	5	1 5	~	-	1 /	A 6	
1	I N	-	1	\sim	1 1	1 .	- 3	1 1	1 1	-

- 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	e, First Name, Name Extensi	AGENCY / ADDRESS				
ma	icapanas	negrante G.		tu	· PARM	
ADDRESS						
Bro	My - Grafali	upe Baylan G	by lunk			
AGE	SEX	CIVIL STATUS	1	PROP	OSED POSITION	والمراوي المراود والمراود المناوية المراود الم
28	PI	3		Salere	Kesearch	AssAsL

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically				
Christic Vent F. Capato, M.D. License No. 156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
VSU HOSPITA				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
120881	171	S	bt	
OFFICIAL DESIGNATION	DATE EXAMINED			
Medical Opprier W	12-18-24			