MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

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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/mental examinations	
must be attached to this form:	
☐ Blood Test	
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	
CANET	E, JOHN JOY 1	VISAYAS STATE UNIVERSITY		
ADDRESS	and the second second second second	BAY BAY, LEYTE		
ISUYA	MACTAN LAPU L			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
22	FEMALE	SINGLE	INSTRUCTOR I	

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,				8
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	101
	1.4	56	of	10
OFFICIAL DESIGNATION	DATE EXAMINED			
	8-2-18			