

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

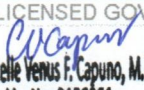
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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>Limbo, Charis B.</i>			AGENCY / ADDRESS <i>VSI, Visca, Baybay City, Leyte</i>
ADDRESS <i>Brgy. Guinsanga-an, Inopacan, Leyte</i>			<i>Institute of Human Kinetics</i>
AGE <i>33</i>	SEX <i>Female</i>	CIVIL STATUS <i>Single</i>	PROPOSED POSITION <i>Associate Prof. III</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>Christelle Venus F. Capuno, M.D.</i> <i>Lic. No. 0156881</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <i>1.55m</i>	WEIGHT (KG) Stripped <i>50 kg.</i>	BLOOD TYPE <i>O+</i>
OFFICIAL DESIGNATION	DATE EXAMINED <i>30 October 2022</i>		