

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) | | | AGENCY / ADDRESS | | |
| Ballentes, Vera Stephanie Bayon | | | Visayas State University Visa Baybay City, Leyte | | |
| ADDRESS | | | | | |
| Brgy. Gabas Baybay City, Leyte | | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | | |
| 31 | F | S | Administrative Assistant III | | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | | | |
|--|--|--|--|-------------------------|---------------|
| 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. | | | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 0153151 | | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | | |
| LICENSE NO. | | | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | | | 1.54 | 42 | O+ |
| OFFICIAL DESIGNATION | | | DATE EXAMINED | | |
| | | | 1/26/2022 | | |

BR: 110/90