

## 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) <b>GADIN, RIC-AN ARTEMIO SURIO</b>			AGENCY / ADDRESS  <b>VSU</b>
ADDRESS <b>ZONE 1 BAYBAY CITY, LEYTE</b>			
AGE <b>39</b>	SEX <b>M</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>CLINICAL INSTRUCTOR / ASST. PROF - II</b>

## 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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>CHRISTELLE VENUS F. ORTUNO, M.D.</b> MEDICAL OFFICER III LICENSE NO. <b>0156881</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:  <b>VSU Hospital</b>			
LICENSE NO.  <b>0156881</b>	HEIGHT (M) Bare Foot <b>167cm</b>	WEIGHT (KG) Stripped <b>64kg.</b>	BLOOD TYPE <b>A+</b>
OFFICIAL DESIGNATION  <b>medical officer IV</b>		DATE EXAMINED  <b>7 February 2024</b>	

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