

## 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>Seville, Marily Villacorte</i>			AGENCY / ADDRESS <i>VSU - URS / Visca, Baybay City, Leyte</i>
ADDRESS <i>Zone 20, C.M. Recto St., Baybay City, Leyte</i>			
AGE <i>43</i>	SEX <i>Female</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Admin. Aide III (Clerk I)</i>

## 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: <i>[Signature]</i> <b>CHRISTELLE VENUS F. JAYUND, M.D.</b> MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>VSU Hospital</i>			
LICENSE NO. <i>0156881</i>	HEIGHT (M) Bare Foot <i>153 cm</i>	WEIGHT (KG) Stripped <i>47 kg.</i>	BLOOD TYPE <i>B<sup>+</sup></i>
OFFICIAL DESIGNATION <i>medical officer III</i>	DATE EXAMINED <i>10 Januy 2024</i>		

BP  $\frac{100}{60}$   
 CW