

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

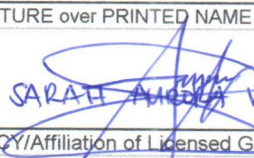
- a. This medical certificate should be accomplished by a licensed government physician.
b. Attach this certificate to original appointment, transfer and reemployment.
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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 |
| MERAQUENTES, ANDREW, CABEROS | | | VISAYAS STATE UNIVERSITY |
| ADDRESS | | | BAYBAY CITY |
| PANGASUGAN, BAYBAY CITY, WEST | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 23 | M | SINGLE | INSTRUCTOR 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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  SARAH ANGELA W. TABARA | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VSD Infirmary | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| 0153151 | 1.62 | 60 kg. | A+ 7 |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| medical officer III | 8/11/21 | | |

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