

**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>Degenion, Jonna Grace</i>			AGENCY / ADDRESS <i>VSV</i>
ADDRESS <i>Brgy. Guadalupe Baybay</i>			
AGE <i>47</i>	SEX <i>F</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Admin Aide 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>[Signature]</i> <b>CHRISTELLE VENUS F. CARUNO</b> MEDICAL OFFICER LICENSE NO. DT <i>0156681</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>VSV Hospital</i>			
LICENSE NO. <i>0156681</i>	HEIGHT (M) Bare Feet <i>155</i>	WEIGHT (KG) Stripped <i>52.9</i>	BLOOD TYPE <i>O</i>
OFFICIAL DESIGNATION <i>Medical Officer III</i>	DATE EXAMINED <i>1-9-21</i>		

*20*  
*100/70*