

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>Israel, Eddie M.</i> | | | AGENCY / ADDRESS <i>04DC</i> |
| ADDRESS <i>Hibinawan, Daybay City</i> | | | |
| AGE <i>58</i> | SEX <i>M</i> | CIVIL STATUS <i>M</i> | PROPOSED POSITION <i>Admin Aide 6</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>Christelle Venus F. Capunay, M.D.</i> <i>Lic. No. 0156881</i> | | 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>157</i> | WEIGHT (KG) Stripped <i>60</i> | BLOOD TYPE <i>A</i> |
| OFFICIAL DESIGNATION <i>Medical Officer III</i> | DATE EXAMINED <i>1-21-15</i> | | |

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