

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>VALIDA, ALJAY DORA</i>			AGENCY / ADDRESS <i>DEPARTMENT OF HORTICULTURE</i>
ADDRESS <i>BRG. GUADALUPE (700), RANGAY CITY, LATE</i>			
AGE <i>36</i>	SEX <i>MALE</i>	CIVIL STATUS <i>SINGLE</i>	PROPOSED POSITION <i>Associate Professor III</i>

FOR THE LICENSED GOVERNMENT PHYSICIAN

<p><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></p>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>CRISTELLE VENUS P. CAPUND, M.D.</i> MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>VEN HOSPITAL</i>			
LICENSE NO. <i># 0156881</i>	HEIGHT (M) Bare Foot <i>167 cm</i>	WEIGHT (KG) Stripped <i>88.6 kg</i>	BLOOD TYPE <i>O+</i>
OFFICIAL DESIGNATION <i>MEDICAL OFFICER III</i>		DATE EXAMINED <i>7/18/2024</i>	