

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

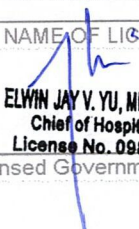

- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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>Valenzona, Divina Luchavez</i> | | | AGENCY / ADDRESS <i>Visayas State University, Pangasinan, Baybay City, Leyte</i> |
| ADDRESS <i>Apt- 19, VSU, Visca, Baybay City, Leyte</i> | | | |
| AGE <i>39</i> | SEX <i>F</i> | CIVIL STATUS <i>married</i> | PROPOSED POSITION <i>Assistant Prof. IV</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:  ELWIN JAY V. YU, MD, MPH. Chief of Hospital I License No. 098800 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE  | |
| AGENCY/Affiliation of Licensed Government Physician: <i>vsu Baybay</i> | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot <i>1.51 m</i> | WEIGHT (KG) Stripped <i>66.94kg.</i> | BLOOD TYPE <i>"A"</i> |
| OFFICIAL DESIGNATION | DATE EXAMINED <i>5/3/24</i> | | |