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) ALVIOLA , ULDERICO B . ADDRESS | | | AGENCY / ADDRESS | |
|--|-----------|--------------|-------------------|--|
| | | | VSU, VISCA, BAYBA | |
| | | | CITY, LEYTE | |
| Vsu, V | IS CA , E | BAYBAY CITY | 21// / 4/10 | |
| AGE SE | X | CIVIL STATUS | PROPOSED POSITION | |
| 36 | m | SINGLE | ASST. PROF. IV | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| above named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER IN | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
|---|---------------|--|-------|--|
| Ment con 12, or en noa | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| | | | | |
| LICENSE NO. | HEIGHT (M) | WEIGHT (KG) | BLOOD | |
| | Bare Foot | Stripped | TYPE | |
| | | 79.84 | | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | | |
| | | 8-17-23 | | |