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) | | | AGENCY / ADDRESS |
|---|-------------|---------------|------------------------|
| ARRIBADO, JEROME ORCALES | | | Eco-FARM), VSU, |
| BRG | Y. CABULIHA | V, ormoc CITY | VICEA, BHY BHY CITY |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 28 | MAVE | Sincert | TEMPORARY INSTRUCTOR I |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically, | amination results, personally examined the $MFIT / \square UNFIT$ for employment. | е |
|---|---|--|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government/Physician: | | THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN NAMED I |
| LICENSE NO. | HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE | k |
| OFFICIAL DESIGNATION | DATE EXAMINED | |
| | 3-8-2021 | |