

**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
Pogado, Fretzeljanc Olor			PBS, VSU
ADDRESS House No. 820, Brgy. Gabas, Baybay City			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	F	Married	

**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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 005310			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	148.5	59.8	B+
OFFICIAL DESIGNATION	DATE EXAMINED		
	6-23-22		