LICENSE NO.

OFFICIAL DESIGNATION

## 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 DONNA VISA-1AS STATE UNIVERSITY/ ADDRESS VISCA, BATRAY CITY, SINAND I GAN BOHOL UBAT AGE PROPOSED POSITION SEX CIVIL STATUS 23 FEMILE 1NSTRUCTOR 81NG1/E FOR THE LICENSED GOVERNMENT 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  $\Box FIT / \Box UNFIT$  for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE V. Yu, M.D. Chief of Hospital AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

Bare Foot

DATE EXAMINED

12

WEIGHT (KG)

Stripped JD.J K61-

Prop

BLOOD

TYPE A

0+