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:
 - Urinalysis Chest X-Ray Drug Test

Blood Test

- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

Arpo	First Name, Name Extension (if	Cash Office	
ADDRESS V	fo Genda,	Broy. Gabas, Bays	bey lity
AGE	Finah	Morried	Admin. Allivant 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 DFIT / DUNFIT for employment.					
SIGNATURE over PRINTED NAME/OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus P. Capuno, M. D. License No. 158881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					

VSU HOSPITAL

HEIGHT (M)

1.52

Bare Foot

Stripped 46

WEIGHT (KG)

BLOOD TYPE

OFFICIAL DESIGNATION

LICENSE NO.

DATE EXAMINED

us

156881