

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:

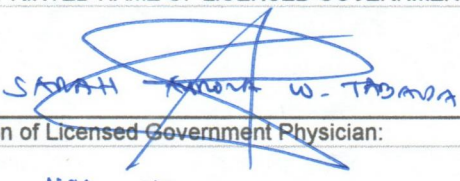
- ☒ Blood Test
☒ Urinalysis
☐ Chest X-Ray
☐ Drug Test
☐ Psychological Test
☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

| | | | |
|---|-----|--------------|-------------------------------------|
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | | | AGENCY / ADDRESS |
| MANIGO, CELESTIAL, AGATOL | | | Dept. of Genetic Engineering VSH |
| ADDRESS BRGY. GABAS, BAYBAY CITY | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 30 | F | SINGLE | INSTRUCTOR 1 |

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 ☒ FIT / ☐ UNFIT for employment.

| | | | |
|--|-------------------------|--|------------|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  SARAH K. W. Tabor | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VSH HOSPITAL | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| 0153151 | 181.6 cm | 60 kg. | O+ |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| Medical officer III | 8-15-22 | | |

8-15-22
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