## 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 Nam	ne, First Name, Name Extension	n (if any) and Middle Name)	AGENCY / ADDRESS		
SUGANO	, SHALOM GRA	CE CABANILLAS	Vison, Boybay City, begle		
ADDRESS					
BRGY, G	GUADOLUPE, BAY	BAY CITY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
33 FEMALE		SINGLE	ASSOCIATE PROFESSOR I		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Christelle Venus F, Capuno, M.D. Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	155.8 cmg.	TO.4kgs	
OFFICIAL DESIGNATION	DATE EXAMINED		
	4 October won		