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 | |
|---|-----------|--------------|-------------------------|--|
| UNA J | TAN MAGDI | ALENE CESAR | VSU, Visca, Buybay City | |
| KILIM, BAYBAN CITY, LEYTE | | | Ceyte | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 41 | F | Married | Assoc. Prof. 1 | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically in the control of the cont | xamination result □FIT / □UNFIT t | s, personally for employmen | examined the t. |
|--|--|--------------------------------|--------------------|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician: | | M | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |