## 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 BUCAL VISAYAS VIATE ADDRESS UNIVEROLTY BRGY, SAN KIDRO, BATBAY CAY, LEYTE AGE SEX CIVIL STATUS AGE PROPOSED POSITION INSTRUCTORI SINGLE 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 Christelle Venus F. Capuno, M.D. Lic. No. 0156881 AGENCY/Affiliation of Licensed Government Physician: WHER UM LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot TYPE 86 OFFICIAL DESIGNATION DATE EXAMINED Replanter my Milital Ofhir