MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	0	N	S

- 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 Exter	nsion (if any) and Middle Name)	AGENCY / ADDRESS		
TORRI	ON , CHARL	INDO , SIEGA	VISAYAS STATE UNIV.,		
ADDRESS					
BANAI	HAW REST H	all, vsu	VISA BAYBAY CITY		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
28	m	SINGLE	INSTRUCTOR 1		

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	amination result	s, personally e	examined the	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician 111828				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
	1.65 m	72 Kg	Bt	
OFFICIAL DESIGNATION	DATE EXAMINED			
		7-27-21		