

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) CORTES, ANDY PHIL, DUATIN | | | AGENCY / ADDRESS DCE, Visayas State University, Baybay City, Leyte |
| ADDRESS | | | |
| AGE 27 | SEX M | CIVIL STATUS Single | PROPOSED POSITION Instructor I |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | |
|--|---|--|--------------------------|
| <i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found <u>him</u>/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i> | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  DR. J. S. SISON, M.D. License No. 111829 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot 169 - | WEIGHT (KG) Stripped 64.8 | BLOOD TYPE "O" |
| OFFICIAL DESIGNATION | DATE EXAMINED 7-29-21 | | |

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70