MEDICAL CERTIFICATE

(For Employment)

N	15	T	R	11	CI	ГΙ	0	N	S
			11	\mathbf{u}			$\mathbf{\mathcal{C}}$	ıv	

- 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, Fire	st Name, Name Extension (if a	AGENCY / ADDRESS				
DAUTIL,	JANE PAGALAN			College of	Veternani	Medicine
ADDRESS		4		/		(300.0.)
- SAMPAGUI	TA PORHITORY	, VISCA BAYBAY O	CITY, LEYTE	Visayar State	University	
AGE	SEX	CIVIL STATUS	t	PROPO	SED POSITION	1
'31 FEHALE		SIN6LE				

FOR THE LICENSED GOVERNMENT PHYSICIAN

TOR THE LICENSED GO	OVERNMENT PHISICIAN
I hereby certify that I have reviewed and evaluated a above named individual and found him/her to be physically a	he attached examination results, personally examined to nd medically ☑FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT	PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
100	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
1/1840	Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
Moin	5-2-25