

MEDICAL CERTIFICATE
(For Employment)

INSTRUCTIONS

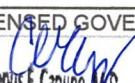
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ 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 |
| Linda, Vivian Pole | | | VSU, VISCA, Baybay City, Leyte |
| ADDRESS | | | |
| APT. 13, VSU, Baybay City, Leyte | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 33 | F | MARRIED | 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 him/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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
|  Christelle Venus F. Capuno, M.D. Lic. No. 0156881 | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| WSTER | | | | |
| LICENSE NO. | 0156881 | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | | 1.52 | 72.7 kg | B+ |
| OFFICIAL DESIGNATION | | DATE EXAMINED | | |
| MO III | | 7/2/2024 | | |