

(For Employment)

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
POLQUIR, MARIA ARIES, ORTEGA			DBM - VSU Main
ADDRESS			
DRGY. STA. CRUZ, BAYBAY CITY, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
39	F	MARRIED	

<p>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.</p>			
<p>SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:</p> <p><i>[Signature]</i> <i>Edward J. V. W., MD, MPH</i></p>		<p>OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE</p> <p><i>[Signature]</i></p>	
<p>AGENCY/Affiliation of Licensed Government Physician:</p> <p><i>[Signature]</i></p>			
<p>LICENSE NO.</p> <p><i>9888</i></p>		<p>HEIGHT (M) Bare Foot</p> <p><i>180.5</i></p>	<p>WEIGHT (KG) Stripped</p> <p><i>56</i></p>
<p>OFFICIAL DESIGNATION</p> <p><i>CWA I</i></p>		<p>BLOOD TYPE</p> <p><i>VA</i></p>	
		<p>DATE EXAMINED</p> <p><i>3/31/22</i></p>	