MEDICAL CERTIFICATE

(For Employment)

| IN | S | T | R | U | C | T | 10 | 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
 - Blood Test
 Urinalysis
 - Chest X-Ray
 - Drug Test
 Psychological Test
 - ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

| | | nsion (if any) and Middle Name) | AGENCY / ADDRESS |
|------------|-----------|---------------------------------|--------------------------|
| MINOVA, DA | ALLS NOEL | , C. | VISAYAS STATE UNIVERSITY |
| ADDRESS | | | BAYBAY CITY, LEYTE |
| massois mo | N'S HOME, | V 8U, BAYBAY CITY, LEYTE | PHILIPPINES |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 43 | MALE | SINGUE | ASST. PROF. IV. |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F, Capund, M.D., Lic. No. 0156881 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
|---|--|----------------------|-------|--|
| AGENCY/Affiliation of Licensed Government Physician: WSUEN WM | | | | |
| CICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD | |
| OFFICIAL DESIGNATION Wedial Officer 11 | DATE EXAMINED 4 September 2003 | | | |

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