## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.		
FOR THE PROPOSED APP	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AG	ENCY / ADDRE	SS
ASIO VICTOR BINGCO	Visau	Visavas Starte University	
VSU, Baybay City	Visayas Starte University  Baybay City		
AGE SEX CIVIL STATUS	PRO	OPOSED POSIT	ION
60 M M	Univers	University Projessor	
FOR THE LICENSED GOVERNME  I hereby certify that I have reviewed and evaluated the attached e	xamination resul	ts, personally e	
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	xamination result ∡FIT / □UNFIT	ts, personally e for employment	
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus I, Capuno, M.D.	xamination result  ZFIT / □UNFIT	ts, personally e	BOUT THE
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	xamination result  ZFIT / □UNFIT	ts, personally e for employment FORMATION AE	BOUT THE
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Verus F. Capuno, M.D.  Lic. No. 0156881	xamination result	ts, personally efor employment FORMATION AE POSED APPOIN	BOUT THE
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Verus F. Capuno, M.D.  Lic. No. 0156881  AGENCY/Affiliation of Licensed Government Physician:	Xamination result	fs, personally efor employment FORMATION AE POSED APPOIN  WEIGHT (KG) Stripped	BOUT THE
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Verus I. Captino, M.D. Lic. No. 0156881  AGENCY/Affiliation of Licensed Government Physician:  LICENSE NO.	xamination result	ts, personally efor employment FORMATION AE POSED APPOIN  WEIGHT (KG) Stripped  T-	BLOOD TYPE