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 | |
|---|--|--------------|--------------------------|--|
| BAKPEDO, BAYKON SALES | | | VISAYAS STATE UNIVERSITY | |
| ADDRESS | part of the part o | | | |
| MOLAVE DORM, VSU, VISCA, BAYBAY CITY, LEY TE | | | | |
| AGE SEX | | CIVIL STATUS | PROPOSED POSITION | |
| 38 | MALE | SINGLE | ASSOC. PROF. 11 | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically | / | | | |
|---|--|-------------------------|---------------|--|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: (Anistelle Venus 1, Caputo 1, 14 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
| Lic. No. 0156861 AGENCY/Affiliation of Licensed Government Physician: | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| | 1.67 | 10919 | Ot | |
| OFFICIAL DESIGNATION | DATE EXAMINE | DATE EXAMINED | | |
| | 7 Octor | ns ron | | |