## 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		
PAMAO	S, LES ANDR	LE BAGA	OP, VSU		
ADDRESS			5., 150.		
MAHATAH	HAY ST- BERN	ARI) , SO- LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
25	F	CINGLE	Admin. Aide III		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/ner to be physically and medically	amip <b>at</b> ion result ☑FIT / ☐UNFIT	s, personally e for employmen	examined the nt.
SIGNATURE OVER PRINTED NAME OF LICENSED CONFROMENT PHYSICIAN:  MERRY CHRISTI, SUPNET-GUINOCOR, M.D.,  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
VSU HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED  CG- 26-19		