

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
MAAGHOP, JONAH FLOR ORLANDO			DCST / VSH
ADDRESS VISCAL, DAYCAY CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
37	FEMALE	MARRIED	ASSOC. PROF. III

FOR THE LICENSED GOVERNMENT PHYSICIAN

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.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: CHRISTELLE VENUS F. CAPUNDY, M.D. MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: VSH Hospital			
LICENSE NO. 0156881	HEIGHT (M) Bare Foot 152	WEIGHT (KG) Stripped 46	BLOOD TYPE AT
OFFICIAL DESIGNATION Medical Officer III	DATE EXAMINED 4-18-24		

BP
12/60