

## 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)<br><b>CAPACAO, RODA GONATO</b> |                 |                               | AGENCY / ADDRESS<br><b>DEPARTMENT OF PEST<br/>MANAGEMENT, VSU<br/>DABAY CITY LEYTE</b> |  |
| ADDRESS<br><b>Brgy. MARCOS DABAY CITY LEYTE</b>  |                 |                               |  |  |
| AGE<br><b>30</b>   | SEX<br><b>F</b> | CIVIL STATUS<br><b>Single</b> | PROPOSED POSITION<br><b>INSTRUCTOR I</b>   |  |

## 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 type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment. |  |  |  |                                      |                                |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:<br><b>CHRISTELLE VENUS P. CAPUNO, M.D.</b><br>MEDICAL OFFICER III<br>LICENSE NO. 0156881  |  |  | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                                      |                                |
| AGENCY/Affiliation of Licensed Government Physician:<br><b>VSU HOSPITAL</b>   |  |  |  |                                      |                                |
| LICENSE NO.<br><b>0156881</b>   |  |  | HEIGHT (M)<br>Bare Foot<br><b>1.54</b>         | WEIGHT (KG)<br>Stripped<br><b>61</b> | BLOOD TYPE<br><b>BP 110/70</b> |
| OFFICIAL DESIGNATION<br><b>Medical Officer III</b>  |  |  | DATE EXAMINED<br><b>2-8-24</b>                 |                                      |                                |