

## 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) <b>ARMECH, ROMELO B.</b>			AGENCY / ADDRESS <b>Visca, Baybay City Leyte</b>	
ADDRESS <b>USU, Visca, Baybay City, Leyte</b>				
AGE <b>56</b>	SEX <b>Male</b>	CIVIL STATUS <b>Married</b>	PROPOSED POSITION <b>Professor V</b>	

### FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>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.</i>				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <b>[Signature] JAY V. VU, MD, MHA</b>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE <b>HVD 8th II</b>	
AGENCY/Affiliation of Licensed Government Physician: <b>USU</b>				
LICENSE NO. <b>9880V</b>			HEIGHT (M) Bare Foot <b>154-2cm</b>	WEIGHT (KG) Stripped <b>67 kg</b>
OFFICIAL DESIGNATION <b>COAT I</b>			BLOOD TYPE  <b>DATE EXAMINED</b> <b>10/5/20</b>	