

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) <i>OPPUS, BEATRIZ NICOLE ABLAT</i>			AGENCY / ADDRESS <i>DEPARTMENT OF CIVIL ENGINEERING, YSU - DAYDAY CITY LEYTE</i>	
ADDRESS <i>ZONE 17, DAYDAY CITY LEYTE</i>				
AGE <i>27</i>	SEX <i>FEMALE</i>	CIVIL STATUS <i>SINGLE</i>	PROPOSED POSITION <i>INSTRUCTOR - I</i>	

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: <i>Christelle Venus F. Capuno, M.D.</i>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>YSU - HOSPITAL, DAYDAY CITY</i>				
LICENSE NO. <i>0156881</i>	HEIGHT (M) Bare Foot <i>1.58 m</i>	WEIGHT (KG) Stripped <i>70.8 Kgr.</i>	BLOOD TYPE <i>B+</i>	
OFFICIAL DESIGNATION <i>MEDICAL OFFICER - III</i>			DATE EXAMINED <i>27 July 2023</i>	