## 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
Description 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
Basui	Tipson	y P	
ADDRESS			
Bisse.	Gabas Bou	ybay City	
AGE U	SEX	CIVIL STATUS	PROPOSED POSITION
20	P	S	

## 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 \(\sigma FIT / \subseteq UNFIT for employment.\)

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:

OTHER INFORMATION ABOUT THE

PROPOSED APPOINTEE Christelle Venus F. Capuno, M.D. Lic. No. 0156881 AGENCY/Affiliation of Licensed Government Physician: USh usHELL LICENSE NO. BLOOD HEIGHT (M) WEIGHT (KG) Bare Foot Stripped 0156881 140 <u OFFICIAL DESIGNATION DATE EXAMINED Medical Officer III 2-10-23

110/80