

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

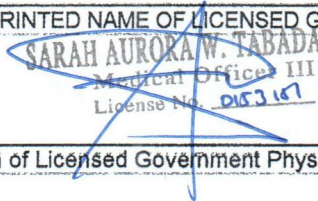
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ Blood Test
☒ Urinalysis
☒ Chest X-Ray (1-2-22)
☒ Drug Test (12-1-22)
☐ 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 |
| MANABRANG, ARCHE B. | | | OURDM, WCV |
| ADDRESS | | | MAIN CAMPUS, VITEA |
| BOY. PRINCEVON BAYBAY CITY | | | BAYBAY CITY |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 41 | MALE | MARRIED | SECURITY GUARD 1 (GARD) |

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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  SARAH AUROKA W. TABADA, M.D. Medical Officer III License No. 0153167 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 179 | 83 | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 3/23/22 | | |

Class C: Hypertension Controlled.

BP
110/80