

**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>CABASE, INIGO EZEKIEL QUINONES</b>			AGENCY / ADDRESS  <b>DME</b>
ADDRESS <b>503 30 de Diciembre St., Poblacion Zone 18, Baybay City, Leyte, 6521</b>			
AGE <b>29</b>	SEX <b>M</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>INST. I</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>Christelle Venus F. Capuno, M.D.</b> <small>Lic. No. 20000001</small>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:  <b>VSY Hospital</b>			
LICENSE NO.  <b>0156881</b>	HEIGHT (M) Bare Foot <b>170cm</b>	WEIGHT (KG) Stripped <b>70kg</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION  <b>medical officer III</b>	DATE EXAMINED <b>18 January 2024</b>		

for h/s  
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