MEDICAL CERTIFICATE

(For Employment)

| | _ | _ | _ | | | | | _ |
|-----|-----|---|---|----|-------|-----|------|---|
| N | C | т | | 11 | CI | 10 | i Ni | C |
| ı v | • 3 | | | | 1 . 1 | 1 (| עוי | |

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.

☐ Neuro-Psychiatric Examination (if applicable)

c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

| must be | attached to this form. | |
|---------|------------------------|--|
| | Blood Test | |
| E | rinalysis | |
| E | Chest X-Ray | |
| | 3 Drug Test | |
| | Psychological Test | |

FOR THE PROPOSED APPOINTEE

| NAME (Last Name | , First Name, Name Ex | AGENCY / ADDRESS | | |
|-----------------|-----------------------|--|--------------|--------------------------|
| Curtodio | , April | Jae | Gabriel | Visayas State University |
| ADDRESS | | Vicca, Baybay city, Leyte | | |
| brgy- | Concepcion, | 112 001, 100, 100, 100, 100, 100, 100, 1 | | |
| AGE | SEX | C | CIVIL STATUS | PROPOSED POSITION |
| 29 | Femalt | | Married | |

| FOR THE LICENSED GOVERNMEI | NT PHYSICIAN |
|--|--|
| I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLI, SUPNET-GUINCOR, M.D., Medical Officer III, License No. 111828 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |
| AGENCY/Affiliation of Licensed Government Physician: VSબ - મહ્યુરોના | |
| LICENSE NO. | HEIGHT (M) WEIGHT (KG) BLOOD TYPE 1-54 G3-2K O |
| OFFICIAL DESIGNATION Medical OFFICER III | DATE EXAMINED OA 25 24 |