

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) | | | AGENCY / ADDRESS |
| FLORES, ALICIA MUANA | | | VSH |
| ADDRESS | | | |
| BRGY. GUADALUPE, DAVAO CITY, LANT | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 53 | F | MARRIED | AOV |

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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 0153107 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 159 | 70.1 | "B+" mm 120 90 |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 6-22-22 | | |