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

26	M	angue	SUBSTITUTE INSTRUCTOR	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
MACANHAMBAYIBAY CITY, WYTT			VISAYAS STATE UNIVERSITY, VISCA, RAMBAY CITY, LEYTE	
CABRAL, ALEXANDER, JA., L.				
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

FOR THE LICENSED GOVERNMENT PHYSICIAN

Mulical Officer M	November 29, 2022		
OFFICIAL DESIGNATION	DATE EXAMINED		erranden mannen engel jane den 20
	162-3	76	"At"
LICENSE NO. 0 15% VM	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
Ven usher			
AGENCY/Affiliation of Licensed Government Physician:	essan.		
Christelle Venus F. Capuno, M.D. Lic. No. 0156881	PRO	POSED APPOIN	ITEE
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically	xamination result ☑FIT / □UNFIT fo	ts, personally e or employment	examined the