

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) <i>Barbosa Roy Pehria</i>			AGENCY / ADDRESS <i>NARC</i>
ADDRESS <i>Pangasinan Baybay City Leyte</i>			
AGE <i>37</i>	SEX <i>M</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Admin Aide</i>

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: <i>[Signature]</i> CHRISTELLE VENUS F. CAPUNO, M.D. MEDICAL OFFICER III LICENSE NO. <i>0156881</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>NSU Hospital</i>			
LICENSE NO. <i>0156881</i>	HEIGHT (M) Bare Foot <i>160cm</i>	WEIGHT (KG) Stripped <i>65</i>	BLOOD TYPE <i>O</i>
OFFICIAL DESIGNATION <i>Medical Officer III</i>	DATE EXAMINED <i>1-4-24</i>		

OP 12/24