## 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

29	<b>#</b>	MARKED	C18ML	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
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DDRESS			Extension Office	
DE CA	IMAN, MARIANN	e Joyce trizon		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
NAME (Lock Name Circle Name Name City and Middle Name)			ACENCY / ADDDESS	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex	amination result	ts, personally e	xamined the
above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Christelle Venus F. Capung M.O. Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
VEN INFIRMARY HOSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
#0156881	1.54	80.90 kg	0+
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDICAL OFFICER AT	7/12/2024		