MEDICAL CERTIFICATE

(For Employment)

1	N	9	т	R	11	C	Т	1	\cap	N	C
	1.4	\circ		1 /	U	\circ			\circ	1.4	0

- 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 Nan	ne, First Name, Name Extension	AGENCY / ADDRESS			
ADDRESS	CAL, ARGIE	RAMOS	VSU, VISCA, BAYBAY CITY,		
BRGY. C	AN WIDE, BAI	CollE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
25	MALE	SINGLE	instructoir 1		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove 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 Verus F. Cappa, M.O. AGENCY/Affiliation of Licensed 60 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Usy Hospital					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD		
0136461	1-737 m	72.5kg	ot		
OFFICIAL DESIGNATION	DATE EXAMINED				
Medical Officer II	07/29/24				

BB 10 80 mm