

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>PASION, BARGIA GRACE AMPOLSTALO</i>			AGENCY / ADDRESS <i>OFFICE OF THE PRESIDENT</i>
ADDRESS <i>8030D, SOUTHERN, LAITE</i>			
AGE <i>29</i>	SEX <i>F</i>	CIVIL STATUS <i>SINGLE</i>	PROPOSED POSITION <i>Private Secretary</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>CHRISTELLE VENUS F. CAPUNO, M.D.</i> MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>VBN HOSPITAL</i>			
LICENSE NO. <i>0156881</i>	HEIGHT (M) Bare Foot <i>161 cm</i>	WEIGHT (KG) Stripped <i>85.2 kg</i>	BLOOD TYPE
OFFICIAL DESIGNATION <i>MEDICAL OFFICER III</i>		DATE EXAMINED <i>9/17/2024</i>	