LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government or private physician.
- b. Attach this certificate to original appointment, transfer, and reemployment.
- c. The results of the following pre-employment medical/physical/psychological examinations must be attached to this form:

Blood Test	
Urinalysis	
✓ Chest X-Ray	
✓ Drug Test	

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

☐ Psychological Examination

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

WEIGHT (KG)

Stripped

69

BLOOD

TYPE

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CASANG	CAPAN, ATHEN,	A VALERIE CORBITA	Department of	
ADDRESS				
Powerhouse 1, VSU, Baybay City			Physics, VSU	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
24	Female	Single	Instructor I	

FOR THE LICENSED GOVERNMENT OR P	RIVATE PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached examabove named individual and found him/her to be physically and medically	
SIGNATURE over PRINTED NAME of Licensed Government or Private Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Christelle Verus F. Caparo m.o. AGENCY/Affiliation of the Licensed Government or Private Physician:	
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	DATE EXAMINED

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