## 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

36	MAVE	MARKIED	Assoc Prof IV	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
G2 DUMEX VSU			Visca, brybay City, lange	
GACUTA	HV, MANUER	JR. DATIC	VISAYAS STATE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	3 October 2022			
OFFICIAL DESIGNATION	DATE EXAMINE	D -		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
AGENCY/Affiliation of Licensed Government Physician:	0000000			
Christelle Venus F. Cépuno, M.D. Lic. No. 0156881	PROPOSED APPOINTEE			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE			
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination result √FIT / □UNFIT fo	ts, personally e or employment.	xamined the	