

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

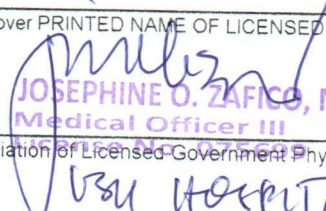
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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) <b>NAYKE SHIRLEY TAND</b>			AGENCY / ADDRESS <b>VGM, VISCA</b>	
ADDRESS <b>Cenadalupe, Baybay City, Leyte</b>			<b>Baybay City, Leyte</b>	
AGE <b>56</b>	SEX <b>F</b>	CIVIL STATUS <b>S</b>	PROPOSED POSITION <b>AA</b>	

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>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.</i>				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>JOSEPHINE O. ZAFRA, M.D.</b> <b>Medical Officer III</b>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>VGM HOSPITAL</b>				
LICENSE NO. <b>075629</b>			HEIGHT (M) Bare Foot <b>153cm</b>	WEIGHT (KG) Stripped <b>62kg</b>
OFFICIAL DESIGNATION <b>Med. Officer III</b>			BLOOD TYPE <b>O<sup>+</sup></b>	
			DATE EXAMINED <b>1/17/19</b>	