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 | AGENCY / ADDRESS | |
|------------------|---|--|-------------------|
| ADDRESS | RENEZITA, DEPARTMENT OF FORESTRY AND EN | DEPARTMENT OF FAREST SCHENCE CFES, VISAYAR STATE UNIVERSITY, VISCA, DAYBAY HIN CITY, UTITE 6521-A | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 45 | FEMALE | MARRIED | PROFESSOR 11 |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | 3 October 2022 | | |
|--|-----------------------------|------------------------------------|---------------|
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| OFFICIAL PECIONATION | 1.23 | 403 | Bt |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| AGENCY/Affiliation of Licensed Government Physician: | Section 1 | | |
| Christelle Venus F. Capuno, 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 resul | ts, personally e or employment. | xamined the |