

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

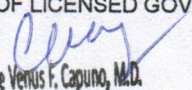
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ 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>Merioda, Mannylen</i>			AGENCY / ADDRESS
ADDRESS <i>Marcos, Raybay</i>			
AGE <i>31</i>	SEX <i>F</i>	CIVIL STATUS <i>M</i>	PROPOSED POSITION

**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:  <i>Christelle Venus F. Capuno, M.D.</i> Lic. No. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <i>151</i>	WEIGHT (KG) Stripped <i>54</i>	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED <i>Aug - 07, 2023</i>		