## MEDICAL CERTIFICATE

(For Employment)

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- 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

		ension (if any) and Middle Name)	AGENCY / ADDRESS			
ADDRESS	TO, MAR		VISAYAS STATE UNIVERSIT			
AGE 24	SEX F	CIVIL STATUS S/N & LE	PROPOSED POSITION  1 N STRUCTOR			

## FOR, THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination result 3FIT / □UNFIT	s, personally e for employmer	xamined the
MERY CHRISTIC NAME OF LICENSED GOVERNMENT PHYSICIAN  MERY CHRISTIC SUPPLIFICATION  Medical Officer III  License No. 111828  AGENCY/Affiliation of Licensed Government Physician		FORMATION AE POSED APPOIN	
LICENSE NO	HEIGHT (M) Bare Foot 147 CM	WEIGHT (KG) Stripped 40 - 7 46	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
6-23-19			