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) AGENCY / ADDRESS GODINEZ/SWEET CHAPISH, GORIDING DEDARTMENT OF STATISTICS ADDRESS VSU , VISCA , BAYBAY CITY ISEX | CIVIL STATUS BR6-1 LEYPE AGE PROPOSED POSITION 29 FERAME MARRIED REGULAR - TEMPURARY FOR THE LICENSED GOVERNMENT PHYSICIAN 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 DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE CHRISTELLE VENUS F. CAPCHO, M.D. PROPOSED APPOINTEE MEDICAL OFFICER III LICENSE NO. 0156881 AGENCY/Affiliation of Licensed Government Physician: USHER 1811 OHLESSI LICENSE NO. BLOOD WEIGHT (KG) HEIGHT (M) Bare Foot Stripped OFFICIAL DESIGNATION DATE EXAMINED Medical Offm M April wy