OFFICIAL DESIGNATION

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 BATIDOR, PAULO GON TA GA VISAYAS STATE UNIVERSITA ADDRESS VISCA, BAYBAY CITY, BILWANG, ISAMEL, LEYTE CENTE AGE SEX CIVIL STATUS PROPOSED POSITION 24 MARE SINGLE INSTRUCTOR 1 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 AFIT / UNFIT for employment SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician LICENSE NO HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot

Stripped

62 Kend

7-8-19

161cm

DATE EXAMINED