## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	8
a. This medical certificate should be accomplished by a lib. Attach this certificate to original appointment, transfer c. The results of the following pre-employment medical/pl must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	and reemployment.
FOR THE PROPOSED AF	PPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
OPPUS, BEATRA MICOLIT ABLAT	Department of Civil
ZONE IT , IBAHBAH CITY WHITE	Department of Civil Engineering VSU, Baybay City
AGE SEX CIVIL STATUS	PROPOSED POSITION
26 F single	Instructor I
FOR THE LICENSED GOVERNM  I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medical	d examination results, personally examined the ly ☑FIT / ☐UNFIT for employment.
SIGNATURE OVER PRINTED NAME/OF LICENSED GOVERNMENT PHYSICIAN: SARAH AMPORA W. TABADA, M.D. Medical Officer III License No. 0(3) (0)	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
	7-13-22