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/mental examinations 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 VSU Buyban City Leng **ADDRESS** M-H del RIS Street 705 AGE PROPOSED POSITION Single 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 \(\sigma FIT / \subseteq UNFIT\) for employment. SIGNATURE OVER PRINTED AAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE JOSEPHINE OLZAFIGO, M.D. edical Officer IH cense No. 075699 AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped 161-OFFICIAL DESIGNATION DATE EXAMINED