

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) VALENZONA, RAUL ANTHONY SANTIAGO | | | AGENCY / ADDRESS |
| ADDRESS BRGY. PATAG, BAYBAY CITY, LEXTE | | | |
| AGE 36 | SEX M | CIVIL STATUS SINGLE | PROPOSED POSITION Admin. AIDE IV |

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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment. | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Mary Cris J. Guinov | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. 111820 | HEIGHT (M) Bare Foot 1.77m | WEIGHT (KG) Stripped 79kg | BLOOD TYPE O+ |
| OFFICIAL DESIGNATION MD III | DATE EXAMINED 2-19-23 | | |

BP: 130/80 mmHg