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	
eustoo:	IO, IAN DA	VE BACO	VISUA, BAYBAY CITY	
ADDRESS				
brm0c	CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
28	M	MARKIED	INSTRUCTOR	

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	DEIT / DUNFIT	for employmen	t.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: (Pristelle Yerus F. Capuno, M.D. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
VSU WHEN			
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
0126361	144	84	D
DFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer M	(-30-23		