## 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

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 FIF I KOSA , JOY S	AGENCY/ADDRESS VISAYAS (TATE UNIVERSITY	
BRGY BUNGA, BAYBA	*4	
AGE SEX	CIVIL STATUS	PROPOSED POSITION  INSTRUCTOR 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically possible over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  CHRISTELLE VENUS F. CAPUND, M.D.,  MEDICAL OFFICER III  LICENSE NO. 0156881  AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
Medical Offer 11	DATE EXAMINE	DATE EXAMINED  W Buyur 227	

BP 120/80