



## MEDICAL CERTIFICATE (For Employment)

This is to certify that I have seen and examined Mr. / Ms. Ferraren, Oiberto O.  
65 / male that he/she is physically and/or medically ☒ fit or ☐ unfit to work.

Physical Fitness Class: C

Remarks: 1. Hypertensive Cardiovascular Disease

2. Benign Prostatic Hyperplasia

3. Diabetes mellitus Type II

4. Dyslipidemia 5. Hyperuricemia

**Class A:** Physically fit for any work

**Class B:** Employable but with correctible defects

**Class C:** Employed but with certain limitations  
and needing regular medication/check up

**Class D:** Unfit to work.

Name & Signature of the Physician:

CHRISTELLE VENUS F. CAPUNO, M.D.

License No.: 0156881

Date Examined: 09-10-2024

**Vision:**

**Mission:**

A globally competitive university for science, technology, and environmental conservation.  
Development of a highly competitive human resource, cutting-edge scientific knowledge  
and innovative technologies for sustainable communities and environment.

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