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	
	, DONNA CHRISTE	VISAYAS STATE UNIVERSITY, Visca, Baybay City, Layte		
ADDRESS		and some time to the second contractive to the contractive to the contractive time time to the contractive time	Visca, Baybay City, Layte	
DBiote	eh, Vsu			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
30	F	S	Instructor III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination result. DEFIT UNFIT fo	s, personally e or employment.	camined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F. Capuno, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
vsu Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
0(5688)	1-54	33.8	
OFFICIAL DESIGNATION	DATE EXAMINED		
Mo III	5/3/24		