

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

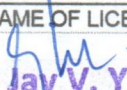

- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ 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 |
| MAMOLO, LEO ALDAMIA | | | VSY INTEGRATED HIGH SCHOOL |
| ADDRESS | | | VISCA, BAYBAY CITY, WYTB |
| HILUSIB, MAHAPLAG, WYTB | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 30 | MALE | SINGLE | ASSOCIATE PROFESSOR 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: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800 | |  | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VSY | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 1.69 | 64 | B ⁺ |
| OFFICIAL DESIGNATION | | DATE EXAMINED | |
| chief of Hospital I | | 9/20/22 | |