

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 |
| EBIT, PHILIP CAESAR LUNA | | | VISCA, PANGASUGAN, BAYBAY, LEXTE |
| ADDRESS | | | |
| APT. 50, KILBOURNE DRIVE, VSU, PANGASUGAN, BAYBAY, LEXTE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 34 | MALE | MARRIED | INSTRUCTOR 1 |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | |
|---|-------------------------|--|------------|
| <i>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.</i> | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| Christelle Venus F. Capuno, MD Lic. No. 0156881 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VSU Hospital | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| 0156881 | 843 | 100 | O+ |
| OFFICIAL DESIGNATION | | DATE EXAMINED | |
| medical officer | | 16 August 2014 | |

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