

**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) <b>DAGANTA, RENATO JR., ACABO</b>			AGENCY / ADDRESS <b>VCO BAYDAY CITY LENTE</b>
ADDRESS <b>BROW. GUADALUPE BAYDAY CITY LENTE</b>			
AGE <b>26</b>	SEX <b>MALE</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>Temp. Instructor I</b>

**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 ☒ **FIT** / ☐ **UNFIT** for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <b>Merry Ann B. B. B.</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>VCO</b>			
LICENSE NO. <b>11742</b>	HEIGHT (M) Bare Foot <b>166.4</b>	WEIGHT (KG) Stripped <b>81</b>	BLOOD TYPE <b>"A2+"</b>
OFFICIAL DESIGNATION <b>MD</b>	DATE EXAMINED <b>11-17-11</b>		