MEDICAL CERTIFICATE

(For Employment)

INST	RU	CT	0	NS
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a. T	his medical	certificate should	be acc	omplished	by a	licensed	government	physician.
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- 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:

,,,,,,,,,	bo attached to this form.	,
	Blood Test	
	blood rest	
	Urinalysis	
	Dillalysis	

- Chest X-Ray Drug Test
- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

	First Name, Name Extension		AGENCY / ADDRESS
ADDRESS	San ladro,	Baybay	Vsu
AGE 35	SEX	CIVIL STATUS	PROPOSED POSITION
	FOR THE	LICENSED GOVERNM	ENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination results, personally examined the		
above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		

PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

VSU Hospital			
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE		
OFFICIAL DESIGNATION	DATE EXAMINED		
mo III	5/02/2024		