## 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

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

## FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Extension	(if any) and Middle Name)	AGENCY / ADDRESS		
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#4 AGE			sold sold sold sold		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
54	Female	angle	Arac Prof.		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christile Venus F. Capuna (Ivistelle Venus F. Capuna)  Lic. No. 0156881  AGENCY/Affiliation of Licensed Government Physician:	OTHER IN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED  3 October 2021			