MEDICAL CERTIFICATE

(For Employment)

| INSTRUCTIONS | |
|---|--|
| a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer ar c. The results of the following pre-employment medical/phy must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | nd reemployment. |
| FOR THE PROPOSED AP | POINTEE |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | AGENCY / ADDRESS |
| Monsanto, Anna Martha Como ADDRESS Coconut village VSII - Main Campus | DAEEV - Pept or As Education or Godension |
| AGE SEX CIVIL STATUS | PROPOSED POSITION |
| 36 F Maniel | + 1 2 1 |
| 36 F Married | ASST. PROFESSOV 1 |
| | |
| FOR THE LICENSED GOVERNM I hereby certify that I have reviewed and evaluated the attached | ENT PHYSICIAN examination results, personally examined the |
| FOR THE LICENSED GOVERNM I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically | ENT PHYSICIAN examination results, personally examined the |
| FOR THE LICENSED GOVERNM I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F. Caputo M.D. Lic. No. 0156881 | ENT PHYSICIAN examination results, personally examined the ØFIT / □UNFIT for employment. OTHER INFORMATION ABOUT THE |
| FOR THE LICENSED GOVERNM I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: Christelle Venus F. Coulon, D. Lic. No. 0156881 | ENT PHYSICIAN examination results, personally examined the ØFIT / □UNFIT for employment. OTHER INFORMATION ABOUT THE |
| FOR THE LICENSED GOVERNM I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: Christelle Venus F. (2011) M.D. Lic. No. 0155881 AGENCY/Affiliation of Licensed Government Physician: | ENT PHYSICIAN examination results, personally examined the ØFIT / □UNFIT for employment. OTHER INFORMATION ABOUT THE |
| FOR THE LICENSED GOVERNM I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: Christelle Venus F. (2011) M.D. Lic. No. 0155881 AGENCY/Affiliation of Licensed Government Physician: 120 HOSP TAN | ENT PHYSICIAN examination results, personally examined the DFIT / DUNFIT for employment. OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE HEIGHT (M) WEIGHT (KG) BLOOD TYPE |