## MEDICAL CERTIFICATE

(For Employment)

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- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Chest X-Ray Drug Test

☐ Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

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⅓, GE	Jy. Matap	ay, th longos light	PROPOSED POSITION			
29	=	5	Instructor U			

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached evaning

above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment.							
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus F, Capuno, M.D.  Lic. No. 0156881		FORMATION A POSED APPOI					
AGENCY/Affiliation of Licensed Government Physician:							
VSU Hospital				-			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE				

OFFICIAL DESIGNATION

DATE EXAMINED

168

4-24-24

AGENCY / ADDRESS

Medical Oppier M