## 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

## FOR THE PROPOSED APPOINTEE

☐ Neuro-Psychiatric Examination (if applicable)

NAME (Last Nam	ne, First Name, Name Extension	on (if any) and Middle Name)	AGENCY / ADDRESS		
TRIK	POLE, MARK R	YAN ROSAL	VISAYAS STATE UNIVERSITY		
ADDRESS			BEYBRY CUTY, LETTE		
SEGUINON, AUBUERA, LEXTE			OHISHI CITTURE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
32	MAUS	SNEW	PART-TIME INSTRUCTOR		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically [			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  SARAH AURORA W. TABADA, M.D.  Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE
OFFICIAL DESIGNATION	V € . DATE EXAMINE	83.(	
	3-24-22		

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