

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

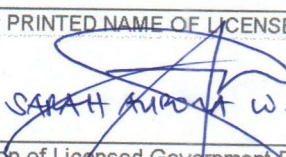
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

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

### FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) <i>Seville, Marily Yillacorte</i>			AGENCY / ADDRESS <i>OHRSPR</i>	
ADDRESS <i>Zone 20, Claro M. Recto St., Baybay City, Leyte</i>			<i>VSU, Baybay City, Leyte</i>	
AGE <i>41</i>	SEX <i>Female</i>	CIVIL STATUS <i>Married</i>	PROPOSED POSITION <i>Adm. Aide III</i>	

### FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <i>SARAH R. W. TABORA</i>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>VSU Infirmary</i>				
LICENSE NO. <i>0153151</i>			HEIGHT (M) Bare Foot <i>1.52 M</i>	WEIGHT (KG) Stripped <i>45.1 Kg</i>
OFFICIAL DESIGNATION <i>medical officer III</i>			BLOOD TYPE <i>O</i>	
			DATE EXAMINED <i>12/20/21</i>	

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