

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

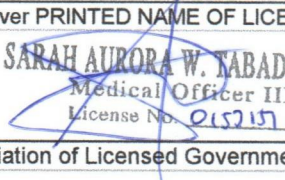
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ 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) ROSENDO PEDRUE GOSA L.			AGENCY / ADDRESS
ADDRESS UTTO TAB-ANG, Brgy. ICILIM BAYBAY CITY.			
AGE 41	SEX M	CIVIL STATUS MARRIAGE	PROPOSED POSITION

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:  SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 0152157		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot 1.70 m	WEIGHT (KG) Stripped 80.2 kgs	BLOOD TYPE B+
OFFICIAL DESIGNATION	DATE EXAMINED 3-18-22		

BP-11650

Class B: Acute

Remarks: for further testing
 F50g treatment