ADDRESS

AGE

BRGY

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

a. This medical certificate should be accomplished by a licensed government physician
 Attach this certificate to original appointment, transfer and reemployment.
a. The regults of the following are employment medical/abysical/acyclesical

 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

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

SANTIAGO, ILIGAN CITY

CASINILLO, LEOMARICH PURTUGALIZA

SEX

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

CIVIL STATUS

FOR THE PROPOSED APPOINTEE

34	MALE	MARRIED	ASSOC. PROF. 1		
	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 ☑FIT / □UNFIT for employment.					

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE mthe

M. UPUTING, MP. STITLE AGENCY/Affiliation of Lieensed Government Physician:

MSU-IT

0147749

Bare Foot 1.52

HEIGHT (M)

WEIGHT (KG) Stripped

58

AGENCY / ADDRESS

PROPOSED POSITION

BAYBAY CITY, LEYTE

VISAYAS STATE UNIVERSITY

BLOOD TYPE Ot

OFFICIAL DESIGNATION

LICENSE NO.

DATE EXAMINED

MEDICAL LAFTER 111 APRIL 19,2024