MEDICAL CERTIFICATE

(For Employment)

| N | S | T | R | 11 | CI | 110 | 1 (| JS |
|---|---|---|---|----|----|-----|-----|----|
| | | | | | | | | |

- 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

Medical ox

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

FOR THE PROPOSED APPOINTEE

| NAME (Last Name, Firs | st Name, Name Extension (if a | AGENCY / ADDRESS | | |
|-----------------------|--|--------------------|-------------------|--|
| CIMAFR | LANCA, LY | NETTE CANO | DPSY- VSY | |
| ADDRESS | ************************************** | * | . 10 | |
| BRGY. SA | N ISIDRO, | BAYBAY CITY, LEYTY | Visca, Baybay | |
| AGE | | CIVIL STATUS | PROPOSED POSITION | |
| 43 | PEMALE | MARRIED | ASSO. PROF V | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically and medica | amination result FIT / □UNFIT f | s, personally e or employmen | examined the t. |
|--|--|---------------------------------|--------------------|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERN (HRIST I SUNIT (UNIT) (UN | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| | | | |
| VSV tospital | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| OFFICIAL DESIGNATION | DATE EXAMINED |) | |

4-29-24

110/7