MEDICAL CERTIFICATE

(For Employment)

	N	S	1	K	U	C	1	1	O	N	S

- 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 Linalysis

Chest X-Ray Drug Test

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

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

07/29/24

LARRAZA	BAL, ALAINA	VICAYAS STATE UNNERGITY			
ADDRESS			DATE OF CHILDRAPHY AND		
#24. A.1	MABINI ST., ZONE	5, POB, BAYBAY CAT	DOT. OF PHILOGOPHY AND COMES, MAYPAY,C		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
25	TEMALE	CINCLE	ATGULAR ITEMPORARY		
Landerson		***************************************			

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically				
SIGNATURE OVER PRINTED, NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F. Capuno, Mo. Lic. No. 0155881	OTHER INI PROF	_		
AGENCY/Affiliation of Licensed Government Physician:	20000000			
WETTER USG				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	Bio-
, 0/2000/	1357	56.2	ot 100 170	100/70mm/th
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
medial officer II	70	129/24		