ADDRESS

57

LICENSE NO.

AGE

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 ☐ Urinalvsis ☐ 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) AGENCY / ADDRESS VISAYAS STATE UNIVERSITY LORETO, GINA ARCIGA VISCA, BAYBAY, LEYPE 20 SP LAUREZ ST., ZONE-5, BAYBAT CITY, LEYTE SEX CIVIL STATUS PROPOSED POSITION ADMIN ASST. WIDOWED 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 $\Box FIT/\Box UNFIT$ for employment. SIGNATURE over PRINTED NAME. ICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: HEIGHT (M) WEIGHT (KG) BLOOD TYPE, Bare Foot Stripped 1-18 59 OFFICIAL DESIGNATION DATE EXAMINED 8-2025