

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) | | | AGENCY / ADDRESS |
| MERCURIO, MARTIN JAN ENOLVA | | | DGE, VSU |
| ADDRESS BRGY. LINDO, INOPACAN, LEYTE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 32 | MALE | MARRIED | INSTRUCTOR I |

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 | |
| SARAH AURORA W. TABADA, M.D. Medical Officer III License No. 01310 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 1.69 m | 64.7 kgs | "B" |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 6-9-2022. | | |

100/80