

## 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) <i>(Dela Rana)</i> <i>UBAY, MARICNE BATING</i>			AGENCY / ADDRESS  <i>VSU, BATBAT CITY</i>
ADDRESS  <i>WARNER'S APARTMENT, VSU, BATBAT CITY</i>			
AGE  <i>26</i>	SEX  <i>F</i>	CIVIL STATUS  <i>MARRIED</i>	PROPOSED POSITION  <i>INSTRUCTOR I</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 <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <i>[Signature]</i> Christelle Venus F. Capuno, M.D. Lic. No. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:  <i>USARV VSU</i>			
LICENSE NO.  <i>0156881</i>	HEIGHT (M) Bare Foot <i>1.71m</i>	WEIGHT (KG) Stripped <i>50.415</i>	BLOOD TYPE <i>B+</i>
OFFICIAL DESIGNATION  <i>Medical Officer III</i>	DATE EXAMINED  <i>20 February 2014</i>		

*Handwritten notes:*  
 90  
 70  
 115