

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) TAN, GIDGUM NIA D. | | | AGENCY / ADDRESS |
| ADDRESS #91, Kilbourne St, USO, USCA, Baybay City | | | |
| AGE 29 | SEX M | CIVIL STATUS married | PROPOSED POSITION |

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: SARAH ANTONIA W. TABADA, M.D. Medical Officer III License No. 0153151 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot 162 | WEIGHT (KG) Stripped 65 | BLOOD TYPE B+ |
| OFFICIAL DESIGNATION | DATE EXAMINED 2-11-22 | | |

DP-110
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