

**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
MANGA-ARJO EUNICE ED DELA CRUZ			Brgy Panyarungan, Buhay city, Iloilo
ADDRESS			
Blk 1, Lot 3, Vinasubdivision, Barangay Marik, Buhay city, Iloilo			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	Male	Single	substitute instructor

**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:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
SARAH AURORA W. TABADA			
AGENCY/Affiliation of Licensed Government Physician:			
WU Infirmary			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0153151	160	63	O
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer III	11/02/2021		

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