ADDRESS

## MEDICAL CERTIFICATE (For Employment)

- 1	N	S	T	R	U	C	T	1	0	N	S

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

Drug Test ☐ Psychological Test

Chest X-Ray

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

1	Brgy. Bulacan	ECOLOGY AND ENVIRONMENT WANAGEMENT	
AGE JT	SEX Female	CIVIL STATUS  Manned	PROPOSED POSITION
	EOR THE	LICENSED GOVERNA	AENT DHVSICIAN

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				

LE VENUS F. CAPURO, M.D. MEDICAL OFFICER III LICENSE NO. 0156881

ESPINOSA, EUZA DADOLE

AGENCY/Affiliation of Licensed Government Physician:

USHER VSY

HEIGHT (M) Bare Foot

1.54 DATE EXAMINED

BLOOD TYPE

6156881

OFFICIAL DESIGNATION

LICENSE NO.

Medical Officer 111

16 April 204

WEIGHT (KG)

Stripped

46

AGENCY / ADDRESS

INSTITUTE OF TROPICAL