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

VISAYAS STATE UNIVERSITY ESMAS DAIZ, DEVIANNE JAME VISUA BAYBAY CITY, LEYTE ADDRESS BRGY. PANGASMGAN DAYBAY CIM, LEYTE CIVIL STATUS AGE SEX PROPOSED POSITION 33 FEMALE MARKIED INSTRU CTOR

FOR THE LICENSED GOVERNMENT PHYSICIAN

I have by south, that I have reviewed and evaluated the attached averaged in the

| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE | | | |
|---|-----------------------------|--------------------|---------------|--|
| SARAH AUKORA W. TABADA, M.D. Medical Officer III License No. 2013 (D) | PRO | PROPOSED APPOINTEE | | |
| | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| | | | | |
| | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) | BLOOD TYPE | |
| LICENSE NO. | at many time | | | |
| LICENSE NO. OFFICIAL DESIGNATION | Bare Foot | Stripped 17-34 | | |