

**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) <b>Garcias, Jose Roldan Cantila</b>			AGENCY / ADDRESS <b>VSU, Visca, Baybay City, Leyte</b>
ADDRESS <b>Purok 8, Bunga, Baybay City, Leyte</b>			
AGE <b>54</b>	SEX <b>M</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>ADMIN AIDE III</b>

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>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.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>Christelle Venus F. Capuno, M.D.</b> <b>Lic. No. 0156881</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>USHER</b>			
LICENSE NO. <b>0456881</b>	HEIGHT (M) Bare Foot <b>1.65m</b>	WEIGHT (KG) Stripped <b>64 kg</b>	BLOOD TYPE <b>B+</b>
OFFICIAL DESIGNATION <b>MD III</b>	DATE EXAMINED <b>6/6/2024</b>		