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 CAPUNO, Christelle Venus Felicilda ADDRESS APT 42 KILBOURNE ST., USU Campus, Bouybay City, Leyle CIVIL STATUS AGE SEX PROPOSED POSITION SINGLE 28 Medical Officer 111 FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically-			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
FLWINJAY V. YN, MD			
AGENCY/Affiliation of Licensed Government Physician:	700 w/00.00m2		
VSV			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
98m	Bare Foot	Stripped 70	BY
OFFICIAL DESIGNATION	DATE EXAMINED		
WH I	12	glzz	