

## 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)<br>NAYRE, SYRENE PEREZ |          |                         | AGENCY / ADDRESS<br>VSM - DTHM     |
| ADDRESS<br>COGON, BAYBAY, UETE   |          |                         |                                    |
| AGE<br>32  | SEX<br>F | CIVIL STATUS<br>MARRIED | PROPOSED POSITION<br>INSTRUCTOR II |

## 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:<br>Christelle Venus P. Capuno, M.D.<br>Lic. No. 0156881  |                                | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                              |
| AGENCY/Affiliation of Licensed Government Physician:<br>VSM Hospital   |                                |  |                              |
| LICENSE NO.<br>0156881   | HEIGHT (M)<br>Bare Foot<br>149 | WEIGHT (KG)<br>Stripped<br>56                  | BLOOD TYPE<br>O <sup>+</sup> |
| OFFICIAL DESIGNATION<br>Medical Officer III  |                                | DATE EXAMINED<br>4-29-24                       |                              |

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