

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 |
| PALERMO, ALDRIN RUBI | | | VSM |
| ADDRESS | | | |
| #24 A. MARINI ST. DAVBAJ CRY, ILOILO | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION |
| 36 | MALE | SINGLE | REGULAR (TEMPORARY) |

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 ☒ FIT / ☐ UNFIT for employment.

| | | | |
|--|-------------------------|--|------------|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| SARAH AURORA V. TABADA, M.D. Medical Officer III License No. 0153157 | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 1.63 | 79 | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |
| | 6-27-22 | | |

Class C: Hyperthyroidism, Hypertension - Controlled

110/80