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	
Villor, Carren Moe Bosa			VSU, Paylon Late	
Pangasugan, Baybay City Lesk				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
34	Female	Married		

FOR THE LICENSED GOVERNMENT PHYSICIAN

Medical Office M	10-3-24		
OFFICIAL DESIGNATION	DATE EXAMINED		
0110871	1.11 M	FAN	A+
0 K7 LK1	Bare Foot	Stripped	TYPE
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
USHER V84			
AGENCY/Affiliation of Licensed Government Physician:	3 10		
Christelle Veñus F, Capuno, M.D. Lic. No. 0156881			
Our	PROPOSED APPOINTEE		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
above named individual and found him/her to be physically and medically	IFIT / DUNFIT fo	or employment.	
I hereby certify that I have reviewed and evaluated the attached ex	amination result	s, personally e	xamined the

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