

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

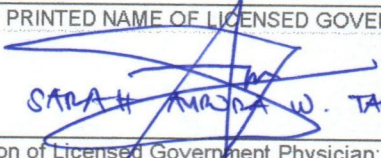
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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>BAGARINAO, SHERYL, SUYOM</b>			AGENCY / ADDRESS <b>BUDGET OFFICE</b>	
ADDRESS <b>MARCOS BAYBAY CITY LEYTE</b>			<b>VSU</b>	
AGE <b>30</b>	SEX <b>F</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>ADMIN AIDE N</b>	

### 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"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>SARAH W. TABADA</b>			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>VSU Infirmary</b>				
LICENSE NO. <b>0153151</b>			HEIGHT (M) Bare Foot <b>152</b>	WEIGHT (KG) Stripped <b>62g</b>
OFFICIAL DESIGNATION <b>medical officer III</b>			BLOOD TYPE <b>"A"</b>	
			DATE EXAMINED <b>12/14/21</b>	

AP-110  
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"Class A"