

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

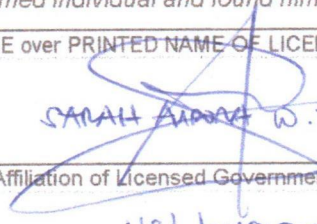
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☒ 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>JEVE, JEFFERY ALDOR</b>			AGENCY / ADDRESS <b>DBS</b>
ADDRESS <b>POBLACION, MAHAPLAB, LEYTE / BRGY. GUADALUPE, BAYBAY CITY, LEYTE</b>			
AGE <b>22</b>	SEX <b>MALE</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>PART-TIME INSTRUCTOR</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 A. LOPEZ</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>UW Intermay</b>			
LICENSE NO. <b>0153151</b>	HEIGHT (M) Bare Foot <b>164</b>	WEIGHT (KG) Stripped <b>67</b>	BLOOD TYPE <b>O</b>
OFFICIAL DESIGNATION <b>medical officer III</b>	DATE EXAMINED <b>10/6/21</b>		

10/12/21 to