## MEDICAL CERTIFICATE

(For Employment)

N	1S	T	R	U	C	T	10	N	S

- 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
- c. The results of the following pre-employment medical/physical/psychologica must be attached to this form:

Blood Test
Urinalysis

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Chest X-Ray
Drug Test

Psychological Test

Medical Opprior III

Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

21, 2024

AUGUST

DADIOS,	SERICA JOY	MERIN	ITEEM- VSV			
ADDRESS	-	.4				
BR64.	LINAD, INOP	ACAN, LEYTE				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION			
30	F	MARRIED	INSTRUCTOR III			

FOR THE LICENSED GOVERNME	NT PHYSI	CIAN			
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically.					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus F, Capund M.D.  Lic. No. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED			

100/70