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	
OMPOD, CERALD, DECIO			VSU / Baybay City leyte	
ADDRESS				
MATAG-OB , LEYTE				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
26	M	CINGLE	PART-TIME INSTRUCTOR	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	DFIT / DUNFIT	for employmen	nt.
Wan	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Christelle Venus F, Capuno, M.D. Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
Ven westen			
LICENSE NO.	A STATE OF THE STA	WEIGHT (KG) Stripped	BLOOD TYPE
O M WYYY	1.701	29)	
OFFICIAL DESIGNATION	DATE EXAMINED		
Midical Officer III	3-14-23		

BP 100/10