

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

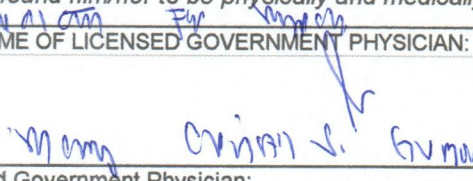
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ 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 | |
| VITACUA, Jaym | | | | |
| ADDRESS | | | | |
| Zone 5, Gabas, Baybay City, Leyte | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 35 | Male | Single | Associate Professor II | |

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"/> FIT / <input type="checkbox"/> UNFIT for employment. | | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
|  Mary Christian S. Gumar | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| VSN nothing | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| 117880 | 169cm | 72kg | | |
| OFFICIAL DESIGNATION | | | DATE EXAMINED | |
| MO III | | | 01-20-21 | |