MEDICAL CERTIFICATE

(For Employment)

| I | N | S | T | R | 11 | C. | TI | 0 | N | S |
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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

| | e, First Name, Name Extens | ion (if any) and Middle Name) | bepartment of Agrimony, VSU | | |
|------------------|----------------------------|-------------------------------|--------------------------------------|--|--|
| ADDRESS BRGY. | GABAS, IBAM | BAY CITY, LEYTE | | | |
| AGE 44 | SEX | CIVIL STATUS MARKIBO | PROPOSED POSITION ASSO. Professor V | | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Verus F. Capuro, M.D. License No. 156881 | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | | |
|---|---|--|---------------|--|--|--|
| AGENCY/Affiliation of Licensed Government Physician: | | | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped 49-U | BLOOD TYPE | | | |
| OFFICIAL DESIGNATION Medical Officer 14 | | DATE EXAMINED 4-24-24 | | | | |

120/80