

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS



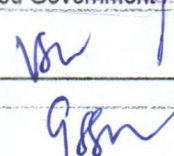
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☒ 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 | |
| GAPASIN, CIEDELLE HONEYLOU DIMALIG | | | COLLEGE OF NURSING, VISAYAS STATE UNIVERSITY USCA, BAYBAY CITY, LEYTE | |
| ADDRESS | | | | |
| NO. 32 MIRAMBEL HOMES, BRGY. GAPAS, BAYBAY CITY, LEYTE | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 38 | F | MARRIED | INSTRUCTOR | |

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 | |
|  EDWIN JAY, MD, MPH | | |  | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
|  gbm | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| | 154 | 56.2 | O+ | |
| OFFICIAL DESIGNATION | | | DATE EXAMINED | |
| CNA I | | | 1/15/22 | |

bp- 100
60