MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed government. Attach this certificate to original appointment, transfer and reemployment c. The results of the following pre-employment medical/physical/psychology	t.

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		
ECLAVIA.	DIAMA R		VSU	
address Gab	as, baybay 1	City leyfe	Pangasugan Leife	Baybay City
AGE 74	Female	CIVIL STATUS Marned	PROPOSED PO	DSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: CHRISTELLE VENUS F. CAPUNO, M.D. MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:				
USHER USY				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
Medical Officer 111	14 Pecu	14 Pecenter 2023		

8P 100