

## 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) <b>PONCE, BETHLEHEM A. GORDON</b>			AGENCY / ADDRESS  <b>DPQS</b>
ADDRESS  <b>SOGOD, SOUTHERN, LEYTE</b>			
AGE <b>40</b>	SEX <b>F</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>Associate Professor II</b>

## 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 ☒ FIT / ☐ UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <b>CHRISTELLE VENUS F. CAPUNDO, M.D.</b> MEDICAL OFFICER III LICENSE NO. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <b>VRM HOSPITAL</b>			
LICENSE NO. <b># 015688</b>	HEIGHT (M) Bare Foot <b>168 cm</b>	WEIGHT (KG) Stripped <b>55.3 kg</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION <b>MEDICAL OFFICER III</b>	DATE EXAMINED <b>4/17/2024</b>		