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 PURAY, JAILENN JANNARAINE SABARIA DOPAC, VSU, BRGY. ADDRESS PANGASUGAN, BAYBAYCIT 46, KILBOURNE ST, WU CIVIL STATUS AGE SEX PROPOSED POSITION SINGLE 23 INSTRUCTOR I 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:
SARAH AVROKA W. DABADA, M.D.

MOLICAL OFFICER III OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE License No. 01318 AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 103 -94-56 OFFICIAL DESIGNATION DATE EXAMINED 6-29-22.