AGE

LICENSE NO.

## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	0	N	S

- 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)

## NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

FOR THE PROPOSED APPOINTEE

LINA	, VIVIAN	POLE	De
ADDRESS			

Apt.B, Kilbourne St., VBM, Pargabugan, Baybay lity

AGE SEX CIVIL STATUS texte

34 Female Married

AGENCY / ADDRESS

PROPOSED POSITION Instructor 1

## 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:

Dr. Christelle Whos F. Capmo

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

HEIGHT (M)

Bare Foot

AGENCY/Affiliation of Licensed Government Physician:

VSU HOS DITAL

CHRISTELLE VENUS F. CAPUNO, M.O. MEDICAL OFFICER III

Ce7-5 DATE EXAMINED

7/11/2015

BLOOD

TYPE

B+

WEIGHT (KG)

Stripped

it Z.cn

OFFICIAL DESIGNATION ! ICENSE NO. 0156881

medical officer