

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 | |
| CAPIN ORLAN CABATINGAN | | | ITEEM | |
| ADDRESS | | | | |
| VSU, FARMERS VILL. | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 24 | M | MARRIED | CASUAL | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | | |
|---|-------------------------|-------------------------|---|--|
| <i>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.</i> | | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| SARAH ARROYA / W. TABADA | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| VSU Infirmary | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| 0153151 | 170 | 74.4 | "O+" mp-110 70 | |
| OFFICIAL DESIGNATION | | | DATE EXAMINED | |
| Medical officer III | | | 11-16-21 | |

Class C : Anemia, mild ; Hypothyroidism