## 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

Medical Officer

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, I	irst Name, Nan	AGENCY / ADDRESS	
PIAMON.	TE, R	OBELYN TORTILLAS	Visayas State
ADDRESS Zone 5,	Brgy	Logon, Baybay City, Leyfe	University
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
43	F	Married	Associate Professor V

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination result	s, personally e for employmen	examined the t.	
SIGNATURE OVER PRINTED NAME OF A IGENSED GOVERNMENT PHYSICIAN:  Christelle Venus F. Capitro, Mac. Lic. No. 6155881		FORMATION AI POSED APPOIN		
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		