MEDICAL CERTIFICATE

(For Employment)

INSTE	₹UC	TIONS
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- 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	
Paradero, Angelita Lanita			Pangasugan, Baybay
ADDRESS VSU, Bay bay City, Ley te		City, Leyte	City, Leyte
AGE SEX	CIVIL STATUS	PROPOSED POSITION	
	Single	Instructor III	

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 √ ⊠FIT / □UNFIT	s, personally e for employmen	examined the nt.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HISTLT, SUPNET GUNOCOR, M.D. Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
	11-18-19			