

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:

Biood 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		
YCONG, HELMAR GONTINAS ADDRESS BRGY. MAY BOG, BAY BAY CITY, LEYTE			VISAYAS STATE LWINDRSITY, VISCA, BAYBAY CITY, LEXTE		
					AGE
31	MALE	SINGLE	ASSISTANT PROFESSOR IL		

FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION	DATE EXAMINE	D	
	1.53 m	GI kg	A+
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
AGENCY/Affiliation of Licensed Government Physician:	× 1 × 1 × 1		
Christelle Venus F. Capuno, M.D. Lic. No. 0156881	PRO	POSED APPOIN	TEE
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
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 or employment.	xamined the