

**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  |
| Valencia, Kathleen Mae Baronda  |        |              |                   |
| ADDRESS   |        |              |                   |
| Sanika Apartment Brgy. Guadalupe Baybay, Leth                         |        |              |                   |
| AGE   | SEX    | CIVIL STATUS | PROPOSED POSITION |
| 24  | Female | Single       |                   |

**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 <input checked="" type="checkbox"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment. |         |  |                         |               |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  |         | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                         |               |
| Christelle Venus F. Capuno, M.D.<br>Lic. No. 0156881   |         |  |                         |               |
| AGENCY/Affiliation of Licensed Government Physician:   |         |  |                         |               |
| VSN WATER  |         |  |                         |               |
| LICENSE NO.  | 0106881 | HEIGHT (M)<br>Bare Foot                        | WEIGHT (KG)<br>Stripped | BLOOD<br>TYPE |
|  |         | 1.45   | 45                      | B+            |
| OFFICIAL DESIGNATION   |         | DATE EXAMINED                                  |                         |               |
| Medical Officer III  |         | 18 January 2022                                |                         |               |