MEDICAL CERTIFICATE

(For Employment)

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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 Extens	sion (if any) and Middle Name)	AGENCY / ADDRESS		
OLA	AHA, ROCHELL	E CAGADAS	VISAYAS STATE UNIVERSITY		
ADDRESS GAV	DAS, BAYBAY C	ITY, LEYTE			
AGE 29	SEX F	CIVIL STATUS MARKIED	PROPOSED POSITION		

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F. Capuno, M.D. Lic. No. 0156881	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	D		
Medical Officer 111	8 May	2023		

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