MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Casangcapan, Athena Valerie Corbita ADDRESS Powerhouse 1, VSU	VSU
AGE SEX CIVIL STATUS	PROPOSED POSITION
22 F Single	Temporary
FOR THE LICENSED GOVERNMEN I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F, Jahnno, M.D. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
WHER VSU	
DITGM	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 146 M R. & Kgr.
OFFICIAL DESIGNATION Medical Officer U	DATE EXAMINED 28 September 2023