

## 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) <i>Canero, Jedan A.</i>			AGENCY / ADDRESS
ADDRESS <i>Gabas, Baybay</i>			
AGE <i>27</i>	SEX <i>M</i>	CIVIL STATUS <i>S</i>	PROPOSED POSITION

## 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"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>Christelle Venus F. Capuno, M.D.</i> Lic. No. 0156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician: <i>USN USAFN</i>			
LICENSE NO. <i>0156881</i>	HEIGHT (M) Bare Foot <i>1.65</i>	WEIGHT (KG) Stripped <i>56</i>	BLOOD TYPE
OFFICIAL DESIGNATION <i>Medical Officer III</i>		DATE EXAMINED <i>Aug-10, 2023</i>	