

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>MILAN, VANESSA MAY RELARMINO</i> | | | AGENCY / ADDRESS <i>ECO - FARM</i> |
| ADDRESS <i>PO BOX 100000, BAYVIEW CDT, LIT</i> | | | |
| AGE <i>30</i> | SEX <i>FEMALE</i> | CIVIL STATUS <i>MARRIED</i> | PROPOSED POSITION <i>ADMIN AIDE IV</i> |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | | | |
|---|---|--|-------------------------|
| <i>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.</i> | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>[Signature]</i> Christelle Venus F. Capuno, M.D. Lic. No. 0156881 | | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licensed Government Physician: <i>USN USHER</i> | | | |
| LICENSE NO. <i>0156881</i> | HEIGHT (M) Bare Foot <i>155cm</i> | WEIGHT (KG) Stripped <i>50kg</i> | BLOOD TYPE <i>A+</i> |
| OFFICIAL DESIGNATION <i>Medical Officer III</i> | DATE EXAMINED <i>14 August 2023</i> | | |