## 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
  Utinalysis
  Chest X-Ray
  Drughelerical Test

☐ Psychological Test

■ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name	, First Name , Name Exte	nsion (if any) and Middle Name)	AGENCY / ADDRESS	
SORON	ID, TRIAN	lA, FAUSTINO	VSU	
Bray Con	isuegra, l	ente, Leute		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
25	t	Single	Instructor I	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION	7-15-27		
	DATE EXAMINE	bukg	04
	Bare Foot	Stripped	TYPE
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
AGENCY/Affiliation of Licensed Government Physician of Lix	1451		
MERRY CHRIST'L T. SUPNE GUINOCOR, M.D.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached ex- above named individual and found him/her to be physically and medically,	ZFIT / DUNFI	T for employme	nt.