MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and it 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) Hardon Harilon ADDRESS Pangasugan, Baybay Cify, Leyte	AGENCY / ADDRESS		
AGE SEX CIVIL STATUS F M	PROPOSED POSITION		
FOR THE LICENSED GOVERNMEN	NT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exapove named individual and found him/her to be physically and medically	amination result △FIT / □UNFIT	s, personally for employme	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: JOSEPH A STATE OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	•		
075699	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD V TYPE
OFFICIAL DESIGNATION	DATE EXAMINE		

DATE EXAMINED