## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

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<ul><li>a. This medical certificate should be accomplished by a licensed government physician.</li><li>b. Attach this certificate to original appointment, transfer and reemployment.</li><li>c. The results of the following pre-employment medical/physical/psychological</li></ul>
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)			AGENCY / ADDRESS	
YEPES	. PROSE IVY	GUASA	USU, BAYBAY CITY,	
ADDRESS				
SAN 15	SIDRO, TOMAS	LEUTE		
AGE SEX 54 FEMALE		CIVIL STATUS	PROPOSED POSITION	
		MARRIED	VSU PRESIDENCY	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	SICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
G R			
DATHLEA L. LAYO, MD			
AGENCY/Affiliation of Licensed Government Physician:	0000.000000		
RHU T. OPPUS			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
93409	Bare Foot	Stripped	TYPE
12101	1.5	53	AT
OFFICIAL DESIGNATION	DATE EXAMINE	D	
mun. Herlet affiar	12/7/23		