ADDRESS

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AGE

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) AGENCY / ADDRESS TUDTUR MARIA EPIFANIA GONZALES USU. BAYBAY, LEXTE DUPLEX D-2, VISCA. VSU, BAYBAY, LEYTE SEX CIVIL STATUS PROPOSED POSITION REGISTRAK IV M

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 \(\sigma FIT / \subseteq UNFIT for employment.\)		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
MEMALLANDI L.I., JUPINE OUTINOLUK, M.U., IVI edical Officer III		
AGENCY/Affiliation of Licensed Government Physician.		
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) BLOOD Stripped TYPE
	154 cm	73.8kg 'A"
OFFICIAL DESIGNATION	DATE EXAMINED	
		J-1-19