MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

 b. Attach this certifica 	cate should be accomp te to original appointmo ollowing pre-employme	ent, transfer and i	reemploy	ment.
must be attached to t		, ,		3
Blood Tes	É			
☑ Urinalysis				
Chest X-F	ay			
Drug Test				
Psycholog	ical Test			

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Extension	(if any) and Middle Name)	AGENCY / ADDRESS
Durat ADDRESS	an Patrick	7.	DME
Man	cos, Baybay	City	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	M	Sinfle	Instructor I

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
MEDICAL OFFICER III / LIGENSE NO. 0156881	
AGENCY/Affiliation of Licensed Government Physician:	Programme of the control
Veo Hospital	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
05685	157 on 67 KM AT
OFFICIAL DESIGNATION	DATE EXAMINED
OFFICIAL DESIGNATION Wedical Officer III	DATE EXAMINED 1 - 4 - 24