MEDICAL CERTIFICATE

(For Employment)

| NS | TR | IIC | TI | 0 | N | C |
|----|----|-----|----|---|---|---|

- 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

ACENCY / ADDDESS

| AGE | SEX | OIVIL STATOS | | |
|------------------------|------------------|---|-------------------|--|
| ACE | | | | |
| ACE JOEV JOININ STATUS | | CIVIL STATUS | PROPOSED POSITION | |
| BKG7. 1 | BUNGA, BATRAT CA | w/, 1=11E | | |
| ADDRESS | | | RECORDS OFFICE | |
| | | | | |
| | | NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | | |

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 a | | | | |
|---|-----------------------------|-------------------------|---------------|--|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE | | | |
| | PROPOSED APPOINTEE | | | |
| MERKY CHRISTIL S. ENLYGOR, MD | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| V8U 4087TX2 | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| 11/8-2 8 | YE | 98 kg | 0 | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | | |
| MEDICAL OFFICER III | 12/2/2024 | | | |