MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	11	C .	T	10	N	0

- 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, Na	ame Extension (if any) and Middle Name)	AGENCY / ADDRESS
Gumbs, BETT	tulto monem	
ADDRESS		1 1 1
BREX Conadalup	e, Baybay CITY, Lea	ate NAIX, VSU
AGE SEX /	WIL STATUS	PROPOSED POSITION
78 M	M	lab. Tech.

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	xamination results, personally examined the			
SIGNATURE OVER PRINTED WAS OF LICENSED GOVERNMENT PHYSICIAN MERRY CHRIST'L T, SUPNA GUINOCOR, M.D. Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:	- Casual			
LICENSE NO	HEIGHT (M) Bare Foot Stripped ST CM STRIPPE WEIGHT (KG) TYPE TYPE			
OFFICIAL DESIGNATION	DATE EXAMINED			