LICENSE NO.

OFFICIAL DESIGNATION

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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) SARIO PEDRANO DTE, COEd. ADDRESS 28, VSU, Visca, Baybay Cin PROPOSED POSITION CIVIL STATUS AGE Married ASSOC. Ca 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 ☐FIT / ☐UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Mary am UN 37 AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

Bare Foot

152

DATE EXAMINED

WEIGHT (KG)

Stripped

58

9- 13-27

120/60

BLOOD

TYPE