MEDICAL CERTIFICATE

(For Employment)

1	M	S	T	R	11	C.	TI	0	N	S

- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.

 The control of the following property of the following property of the following property.

 The control of the following property of the following propert
- c. The results of the following pre-employment medical/physical/**psychological** must be attaghed to this form:

Blood Test
Uripalysis
Chest X-Ray
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, Fire	AGENCY / ADDRESS					
CRUZ	MARIA	TERESA	ACO	VSU	1 vira	Bayla
ADDRESS					,	
#107 WG	wer Apt.	Visca \$	y bay City	City,	Leyte -	- laso
AGE	SEX	CIVIL STATUS		PRC	POSED POSIT	ION
30	F	5		Intern	oil Aud	itor 4

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically the work of the control of				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERIC (HIST I, WPNI GUINO OR, M.D., Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:	OTHER IN	FORMATION AI POSED APPOIN	BOUT THE	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED 12-18			