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

NAME (Last Name, Fi	rst Name, Name Extension	AGENCY / ADDRESS	
Rodnia	lly Anni	e Fame la B.	ISU, Visca.
ADDRESS	0 / , ,		
BUE	enquista,	Baybay City	Baybay City
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	F	Single	Instructor I

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 \(\textsize \								
SIGNATURE OVER PRINTED NAME OF LIGENSED GOVERNMENT F			CIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliatio	n of Licensed Government Physician:	d,		,				
LICENSE NO		*,		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 87 KK,	BLOOD TYPE	Bp.	
OFFICIAL DESIGNATION		- 1-		DATE EXAMINE	8-19-2	028		