S	F	0	rm	No.	
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C

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## MEDICAL CERTIFICATE (For Employment)

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- 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

AMORA	, ISABELLE MAE	VSU- BAY BAY CMY,			
ADDRESS					
BRO	Y. BUNGA, BA				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
31	FEMALE	SIN GLE	INSTRUCTOR I		

## 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	amipation results, personally examined the FIT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
Christelle Venus F. Landin (1917)	PROPOSED APPOINTEE

Lic. No. 0156881 AGENCY/Affiliation of Licensed Government Physician:

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

HEIGHT (M) Bare Foot

WEIGHT (KG) Stripped

AGENCY / ADDRESS

**BLOOD** 

LICENSE NO.

10J.6 DATE EXAMINED

September 20ry

OFFICIAL DESIGNATION

medical officer III

0156881