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.
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 c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

 Blood Test

 Trinalysis

 Chest X-Ray

 Drug Test

Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

46	male	married	LAB. PECH.	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
ADDRESS	Lucso, Alt	V 00. / DCS1		
ESTI	1PA, DUA	VSU/post		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

FOR THE LICENSED GOVERNMENT PHYSICIAN

Medical Officer III	Decumer 9, von			
OFFICIAL DESIGNATION	DATE EXAMINED			
014/881	Bare Foot	Stripped 7 + 8	ATYPE U	m
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	1
USU USHER				
AGENCY/Affiliation of Licensed Government Physician:				
Lic. No. 0156881				
SIGNATURE OVER PRINTED NAME OF INCENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached exa- above named individual and found him/her to be physically and medically				