## 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

	First Name, Name Exte	AGENCY / ADDRESS		
ADDRESS  OTA. CRUZ, BAYBAY CITY, LEYTE			VISCA, PANGASUGAN, BAYBAY CITY, LEYTE	
AGE 45	SEX M	CIVIL STATUS  MARRIED	PROPOSED POSITION WELDER 2	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached endove named individual and found him/her to be physically and medically.  (M MA) Com FW May May may medically	xamination result	ts, personally e	xamined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  (MYNOV)  MERRY (HRISTI T, SUPNET-GUINOCOR, M.D.  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			6
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	163	חת.ח	(°O°)
OFFICIAL DESIGNATION	DATE EXAMINED		
	3-18-19		