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

Urinalysis

Chest X-Ray

Drug Test

Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

	First Name, Name Extendra, Marjor	sion (if any) and Middle Name)	AGENCY / ADDRESS		
Brgy . 1	Uguis, Mana	plag, Leyte	Viscal, Baybay City, Leyle		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
27	F	Married	7emporary - Substitute		

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Verus F. Capuno, M.D. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot 1. 594	WEIGHT (KG) Stripped	BLOOD TYPE	B
OFFICIAL DESIGNATION Medical Officer 14	DATE EXAMINED W Avey WM			