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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Visca, Baybay Labian ADDRESS PROPOSED POSITION SEX AGE Instructor I 20 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 AFIT / UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE br. Meny Christ' Ginocor AGENCY/Affiliation of Licensed Government Physician: VM LICENSE NO. WEIGHT (KG) BLOOD HEIGHT (M) Bare Foot Stripped TYPE 111828 AT 1. (03 76/69 OFFICIAL DESIGNATION DATE EXAMINED MO IIL 20/23