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

43	m	Married	Assitant Professor N		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
ADDRESS	Ione 11 Bo	ayDay	NSM		
Cago	ande, Jeff	rey			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically			xamined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUPNET-GUINO) Medical Officer III License No. 111828		IFORMATION AB POSED APPOIN	
AGENCY/Affiliation of Licensed Government Physician:			
VSu Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	TOTAL CONTRACTOR OF THE CONTRA	
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OFFICIAL DESIGNATION	DATE EXAMINED		
Mo W		5/08/24	