MEDICAL CERTIFICATE

(For Employment)

,	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
BLGY MARCOS BAYBAY CITY	NANC
AGE SEX CIVIL STATUS	PROPOSED POSITION
J3 M MARDAGET	FIDE HIMON
FOR THE LICENSED GOVERNMEN	IT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached examples to be physically and medically provided individual and found him/her to be physically and medically provided in the state of the physical provided in the physical p	amination results, personally examined the ZFIT / DUNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTHER INFORMATION ABOUT THE

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	- HVD Styr pm and
LICENSE NO	HEIGHT (M) WEIGHT (KG) BLOOD MUCH Bare Foot Stripped TYPE B
OFFICIAL DESIGNATION	DATE EXAMINED