

MEDICAL CERTIFICATE

(For Employment)

-	INSTRUCTIONS	4
	a. This medical certificate should be accomplished by a licensed gove b. Attach this certificate to original appointment, transfer and reemple c. The results of the following pre-employment medical/physical/ment must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	oyment. Ital examinations
NAME (Last N	ame, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
PA	TINDOL, REMBERTO ANDOY	
ADDRESS		
APT	et, VSU	
AGE	sex civil status Married	PROPOSED POSITION
	`.	7-
	FOR THE LICENSED GOVERNMENT	PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically an			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 74.5 1200	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
		1-18-11	

BP-PO/to mnites