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. 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)	eemplovment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
PERET, JOSE CELSO JR. STECA ADDRESS PUROR C. BRGY. BALONG BURRY, ORMOR CITY	Vsu
AGE SEX CIVIL STATUS	PROPOSED POSITION
274 H SINEVE	instructor)
FOR THE LICENSED GOVERNMEN	IT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, personally examined the FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: (Avis Jelle Vern F. Capus MN) AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
WEHEL Ven	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
medical offer 14	11-24-27