## MEDICAL CERTIFICATE

(For Employment)

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- 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

Medical Oppour

Chest X-Ray

Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

INAIVIE (Last Name, F	irst Name, Name Extension (if	AGENCY / ADDRESS		
GAMOTIN	, GRACIELLE DAWN	LIONE	V(15 10 9 M	
ADDRESS		VSJ- DBM		
ZONE	5, M.H. DEL PIL	AR, BAYBAY CITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
29	F	SINGLE	TWITRICTOR III	

FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically  If			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Vertus F. Caputa Mile  Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
VSV tospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
675681	157	74	A
OFFICIAL DESIGNATION	DATE EXAMINED	)	