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.	nysician.		
FOR THE PROPOSED APPO	DINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGI	AGENCY / ADDRESS		
GARINGALAD, KRIZIA GAVIOLA	VISAYAS	VISAYAS STATE UNIVERSITY		
PATA G. BAYBAY CITY, LEYTE	PANGASUGA	PANGASUGAN, BAYBAY CITY, LEVIE		
AGE SEX CIVIL STATUS	PROPOSED POSITION			
32 FEMALE MARRIED				
FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN		
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically E				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Why Charles Government Physician:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINE			
	7-18.23			