## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical 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	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ALFECHE, WILMAR P.	VISAYAS STATE
ADDRESS	UNIVERSITY
BRGY. GUADALUPE, BAYBAY CITY, LEYTE	
AGE SEX CIVIL STATUS	PROPOSED POSITION
31 MALE SINGLE	INSTRUCTOR 1
FOR THE LICENSED GOVERNMEN  I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically.	mination results personally examined the
GENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
de Live III Mishadori di Electrisca Government Priyalcian.	
ICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE THE TO THE TOTAL THE