MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	d reemployment.
FOR THE PROPOSED APP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
CANETE JOY ANN ABELLA ADDRESS	4F OLD LIB, USU (DMath)
APARTMENT 45 KILBOMRNE BRIVE VSU	
AGE SEX CIVIL STATUS	PROPOSED POSITION
26 FEMALE SINGLE	INSTRUCTOR I.
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached of	examination results, personally examined the
above named individual and found him/her to be physically and medically	ALFIT / LIUNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AUROPA W. TABADA, M.D. Medical Officer III License No. 0153101	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 1404" (74. 0+
OFFICIAL DESIGNATION	DATE EXAMINED
	6-24-22