## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- 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:

	the control of the control
0	Blood Test
	Urinalysis
	Chest X-Ray
9	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable

## FOR THE PROPOSED APPOINTEE

NAME (Last Name	, First Name, Name Extensio	AGENCY / ADDRESS		
SUGAN ADDRESS	OB, FABIENNE A	TATEGRAD USV		
LINA	D, ORMOC CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
20	O FEMALE	MNGLE	INCIRUCTOR 1	

## FOR THE LICENSED GOVERNMENT 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 [			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST, T. SUPNAT GUMOCOR 11828 MEDICAL OFFICEA VI		, ~	
AGENCY/Affiliation of Licensed Governmelot Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	164cm	50.9kg	AB
OFFICIAL DESIGNATION	DATE EXAMINED		
	9-29-15		