## 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:

Blood Test

Urinalysis
Chest X-Ray
Drug Test

Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  Oracion, A. 2a Canales  ADDRESS				AGENCY / ADDRESS		
				Dept of Agriculty		
Gaas	Day bay	City,	leyte	7811	Daybo	ay Gty
AGE	SEX	CIVIL STATUS		PROPOSED POSITION		
29	于	Mamiled		Instru	ctur	1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
012312)	1.55 m	62.3 kg	"Ot"
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer III	18	1/3/2/	