## MEDICAL CERTIFICATE

(For Employment)

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- 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 Exten	sion (if any) and Middle Name)	AGENCY/ADDRESS  VSU		
Subere, ADDRESS	Maria Vo	erijk Quintero			
Bray.	Guadalupe,				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
10	F	Shale	SRSI		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically sometimes.			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		ORMATION ABOUT THE POSED APPOINTEE	
MEDICAL PRICER III LICENSE NO. 0156881 AGENCY/Affiliation of Licensed Government Physician:			
vsy bognfal	Accessed to		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0176881	1.47 m	43Kg	Bt
OFFICIAL DESIGNATION	DATE EXAMINED		

BP: 100/60 mmtg