MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license. b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
CONDE, LADIE ANNE P. ADDRESS Candadam, Paybay City, Lute	Philhooterops, VSU, Visco Baybay City, Lufte
AGE SEX CIVIL STATUS	PROPOSED POSITION
35 F married	Assistant Profeson 111
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically	examination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Christile Venus I. Capuno, M.D. Uc. No. 0156881 AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED