

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) <i>Montalban, April Ann Dio</i>			AGENCY / ADDRESS <i>Registrar</i>
ADDRESS <i>P. Maguayray Ave. Zone 21, Baybay City, Cebu</i>			
AGE <i>40</i>	SEX <i>Female</i>	CIVIL STATUS <i>married</i>	PROPOSED POSITION <i>Clerk I</i>

FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>Mary Virginia S. [Signature]</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <i>1.5</i>	WEIGHT (KG) Stripped <i>61 kg</i>	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED <i>7-18-13</i>		