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) GOPOY, JEROME, GALVEZ ADDRESS | | | Visagas, State Hymusity | |
|---|-----|--------------|-------------------------|--|
| | | | | |
| AGE | SEX | CIVIL STATUŞ | PROPOSED POSITION | |
| 38 | M | Marvied | Admin. Lide VI | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached exalabove named individual and found bird , her to be physically and medically a physically and medically a physically and medically and medically and medically and the physically and medically and medicall | mination result | s, personally e T for employme | xamined the |
|---|--|-----------------------------------|---------------|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| MERRY CHRISTILT, SUPNET-GUNOCOR, M.D. Medical Officer XII AGENCY/Affitation@filipensed-Gevernment Physician: | _ | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| | 169 cm | 71.2 kg | 10" |
| OFFICIAL DESIGNATION | DATE EXAMINED 2 - 2 - 2] | | |
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BP-120, mm tha