## 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)		AGENCY / ADDRESS	
e . Shirley	Tano		
	OVPRE!		
MOALUPE, BA			
SEX	CIVIL STATUS	PROPOSED POSITION	
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	Ye . Shirley	ADALUPE, BAYBAY CITY	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

MFOICAL OFFICER III	12-01-21			
OFFICIAL DESIGNATION	DATE EXAMINED			
	1.00	60.5	0+	89: 90
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
AGENCY/Affikation of Licensed Government Physician:				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached exalabove named individual and found him/her to be physically and medically AFSIGNATURE over PRINTED NAME, OF LICENSED GOVERNMENT PHYSICIAN:	TT / UNFIT fo	or employment.		e

Class C: Dyslipidemia; overweight