## 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	
LLERA 1	BLANCHE FRANCH	ETTE DIVINAGRACIA	USU, VISCA, BAYBAY CAY,	
ADDRESS		LEVIE		
VISCA,	BAYBAY CITY.	7-7-10		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
22	PEMALE	SINGLE	IMTRU CTOPE 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	9-4-20		
OFFICIAL DESIGNATION	DATE EXAMINED		
	llo m	74 Kg	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:			
MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.	The second section of the second section of the second section of the second section s		
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 exa above named individual and found him/her to be physically and medically	mination result ⊿FIT / □UNFI	ts, personally e T for employme	examined the