## 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

58	MALE	MARRIED	Admn. Aide III	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
BAYBAY CITY, LEYTE			NARC, VSV	
SENARA CIEVO FLANDEZ				
SENARA CIELO		FLANDEZ		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attache above named individual and found him/her to be physically and medical				
SIGNATURE over PRINTED NAME OF LICENSED SOVERNMENT PHYSICIAN:  Medical Officer 11  License No. 11382		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	extraces.			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION  Medical Oppice M		DATE EXAMINED		

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