MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
DACTRX, RECA M. ADDRESS Pangasugan, Baybay Cty, Leyte	PhilRootcrops, USU
AGE SEX CIVIL STATUS	PROPOSED POSITION
46 F Married	Ccionce Xide
FOR THE LICENSED GOVERNMEN	T PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination results, personally examined the IT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTLE SUPPLE GUILLOR M.D. AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) Bare Foot Stripped TYPE (17
OFFICIAL DESIGNATION	DATE EXAMINED

10/7·