## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	N	5

- 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 Nam	e, First Name, Name Extension	AGENCY / ADDRESS		
SOLIS	REMONI	TA JABONILLI	)	3 I CAA
ADDRESS				VSM
VSM C	ampus			
AGE	SEX	CIVIL STATUS		PROPOSED POSITION
58	Female	Married	3	Adm. Next. II

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination result	s nersonally e	vamined the	
above named individual and found him/her to be physically and medically	AFIT / LIUNFIT	for employmen	IT.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
APPROVICUATION TO AUDITOR AND ADDRESS OF				
MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D.				
Medical Officer III				
AGENCY/Affiliation of Licensed Government Physician				
*				
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
	Bare Foot	Stripped	TYPE	
	128 -	27.2M	100	
		1	Ю	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
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A. A.	3-1-20			

To To