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:

	The state of the s
D	Blood Test
	Urinalysis
D	Chest X-Ray
0	Drug Test
	Psychological Test
0	Neuro-Psychiatric Examination (if applicable

FOR THE PROPOSED APPOINTEE

	A, MICHAEL	AGENCY / ADDRESS		
JUATON, ORMOC CITY, LEYTE			DWE	
AGE 32	SEX M	CIVIL STATUS	PROPOSED POSITION	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: IPPYCHIST LIST FRANCOR		FORMATION AE POSED APPOIN	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED 816-19		