## 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:

**Z** Biood 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		
VALIDA	ALJAY	DATUA	thousi cuctunt, kru,		
ADDRESS			BAY BAY CITY, VETTE		
BNG	oy. GUADALUPE	BAYROM CITY LETTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
34	MME	SINPLE	ASSIST ant Profession IV		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	10-7-2022		
OFFICIAL DESIGNATION	DATE EXAMINED		
	1.72 m	87 legs	8
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:	Contraction of the Contraction o		
Christelle Venus F. Capuno, M.D. Lic. No. 0156881		T OOLD AT T ON	
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 above named individual and found him/her to be physically and medically			xamined the