## 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)				AGENCY / ADDRESS		
ESTOR, W	VELY MAE J	ABINES		DAYASIV	STATE	UNIVERSITY,
ADDRESS				VISCA,	BAYBAY	CITY, LEYTE
TONE 23,	80 DE DECIEM	IBRF ST., BAYBAY	CITY, DEV	E		
AGE	SEX	CIVIL STATUS		PRO	POSED PO	SITION
21 FEMALE		SINGLE		SUB. 1	NSTRUCTO	x I

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTLT, SUPNET VINOCOR, M.D.,  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 52-5	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED  O1-3(-19			