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/mental examinations must be attached to this form:

1	Blood Test
1	Urinalysis
	Chest X-Ray
1	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Extension	AGENCY / ADDRESS		
Laca	mbra, Mariel Ex	ncomio		
ADDRESS				
Brgy.	110 Utap zone	18, Tocloban City		
AGE SEX		CIVIL STATUS	PROPOSED POSITION	
22	Female	single	college librarian 1	

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	xamination result ☑FIT / ☐UNFI	ts, personally e. T for employme	xamined th ent.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'LT, SUPNET-GUNOCOR, M.D., Medical Officer VII License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	153	31.54	
OFFICIAL DESIGNATION	DATE EXAMINED		
*	8.16-10		