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 Nam	e, First Name, Name Exter	AGENCY / ADDRESS		
ADDRESS	s, CAISAI	Visca, Baybay City,		
Mulbern	y Men's Da	leyk		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
20	M	single	ASSA. Professor III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have revi above named individual and found him						
SIGNATURE over PRINTED NAME OF LIC	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE					
Mon	(my an)	12,	NANC			
AGENCY/Affiliation of Licensed Government	nent Physician:					
	VIN					
LICENSE NO.				HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
11) 1/21				1.70	71.40	16+
OFFICIAL DESIGNATION	DATE EXAMINED					
	NAP D				9-20-22	