## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licen b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Almedoda, Veronico B.	Graduate School
2011 Bry. Patas. Baybay City	
AGE SEX CIVIL STATUS	PROPOSED POSITION
09 M	Admin Ande 14
FOR THE LICENSED GOVERNMEN	IT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, personally examined the
CHRISTELLE  MEDICAL UP  LICENSE NO. GIERRAL	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
NSU thorpital	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD
0156881	Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
Medical Oppen III	1-3-24