MEDICAL CERTIFICATE

(For Employment)

INST	RUCT	IONS
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- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

CAGASAN, WLYSSES ALAS			AGRONOMY
ADDRESS		*	11011
Apt-21 /	Lib. St. VSI	1, Baylog City, Leyte	VS (1)
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
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FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN				
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically \(\subseteq \text{FIT / \subseteq UNFIT for employment.} \)						
AGENCY/Affiliation of Licensed Government Physician:	OTHER INF	FORMATION AI POSED APPOIN	BOUT THE			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE			
OFFICIAL DESIGNATION	DATE EXAMINED					
$M \cdot M \cdot M \sim 1$	1 11 27	- 711				