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

Drug Test

Bsychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) IDUISAN , RUVILYN AUTES			AGENCY/ADDRESS UNINESITY VEARNING COMMONS
ADDRESS BRGY. TAGAK, CARIGAKA LETTE		- Containing constant	
AGE 24	SEX FEMALE	CIVIL STATUS SINGLE	PROPOSED POSITION COUEGE LIMICAKIAN

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically [xamination result 2FIT / □UNFIT	ts, personally e for employment	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHARTY & GRAND JOR, M.D., MEGICAL DIFFICENTIL 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 TYPE
OFFICIAL DESIGNATION	DATE EXAMINED d - 20-24		