MEDICAL CERTIFICATE

(For Employment)

IN	S	T	R	U	С	T	-	0	N	S

- 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

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

Chest X-Ray Drug Test Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

TAN,	6106UM HEL	V\$U	
ADDRESS	kilbane St 1	Su, Bayloy City	Baybay
AGE	SEX	CIVIL STATUS Morred	PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically DFI	
SIGNATURE OVER PRINTED NAME OF DICENSED GOVERNMENT PHYSICIAN: Christelle Venus F, Capuno, M.O. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the

AGENCY/Affiliation of Licensed Government Physician: UZV

HUSP HAN

Bare Foot 1-65

HEIGHT (M)

DATE EXAMINED

WEIGHT (KG)

Stripped

61

AGENCY / ADDRESS

TYPE B

BLOOD

OFFICIAL DESIGNATION

0156881

LICENSE NO.

Medical Oppier 14