## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.	ian.	
FOR THE PROPOSED APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY	Y / ADDRES	SS
Dela Pinn, Wonces Pey Basilad	- DA - USU		
- Visca, Baybay City Leyfe			
AGE SEX CIVIL STATUS		ED POSITI	NC
- 33 MMc	- Intructor 3	3	
FOR THE LICENSED GOVERNMENT PHYSICIAN			
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 FIT / UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORM	MATION AB	OUT THE
Mary christe i greet general 🖛 "	PROPOSE	ED APPOIN	TEE
Wirthan Officer Hi			
AGENCY/Affiliation of Licensed Government Physician:			
Vsu Hospital			
LICENSE NO.	, , ,	IGHT (KG)	BLOOD
[11828	167	Stripped  6 Mg	A+
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer III	5/2/	2024	