MEDICAL CERTIFICATE

(For Employment)

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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:

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

Blood Test Urinalysis

Chest X-Ray Drug Test

Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

SALA.	DAGA, FU	DENCIO JOHN S.	YSU YICA BAYDAY
ADDRESS	The second state of the se		1 month
DISTRI	ICT 22 01	RMOR CITY	1 tyle
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
43	M	MARRIED	/KSTRYCTOR /

FOR THE LICENSED GOVERNMENT 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 FIT / □UNFIT for employment.		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Christelle Venus F. Caputo, No. 70156881 AGENCY/Affiliation of Licensed Government Physician:			

the-L1 VSV

HEIGHT (M) WEIGHT (KG)

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Bare Foot Stripped TYPE Bt 170 DATE EXAMINED

AGENCY / ADDRESS

	017	68
OFFICIAL DESIGNATION		

8 - 16 - my

LICENSE NO.

BLOOD