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/mental examinations must be attached to this form:

Blood Test	
Urinalysis	
Chest X-Ray	
Drug Test	

Psychological TestNeuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, F	ME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS	
Estov,	Eduardo	Dela Cruz		
ADDRESS			VSU	
brey. Gua	dalupe. Bay	bay City, leyte		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
55 m		morri ed	SGT	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically	mination result FIT / □ UNFI	s, personally of	examined the
above named individual and found him/her to be physically and medically P. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTIT SUPPLY GUNDER, M.D. Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE O
OFFICIAL DESIGNATION	DATE EXAMINE	9-0-18	