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 Orinalysis
Chest X-Ray
Drug Test
Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
TAM, G	IDEON HIEL	VIV		
ADDRESS			7.50	
APT 91,	VSU, VISCA, BAG	18A4 C174, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
27	M	Marvel	instuder	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e	vamination result	ts nersonally e	vamined the
above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T, SUPNE SUINOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:			
The state of the s	or second con		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	182 cm	38.5 lys	Bt
OFFICIAL DESIGNATION	DATE EXAMINED		
	1-51-2020		