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 Test Neuro-Psychiatric Examination (if applicable)	

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (AGENCY / ADDRESS			
VILLABER, APRIL ROSE	PATERES	DEPARTMENT OF LIBERAL ARTS O BENEAUWRAL SCALWOOLS (DLABS)		
ADDRESS		VISCA, BAYBAY CITY, LEYTE PROPOSED POSITION INSTRUCTOR 1		
BRGY. STO. ROSARIO BAYBI	AY CITY, LEYTE			
AGE SEX	CIVIL STATUS			
32 FEMALE	SINGLE			

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			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	145 cm	64.4kg	Á
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED	
		9-6-18	