## 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
- c. The results of the following pre-employment medical/physical/psychological 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 Nam	ne, First Name, Name Exten	sion (if any) and Middle Name)	AGENCY / ADDRESS		
DOM	INGO, PREC	OUS COMPENDID	Visca, Baybay Leyte		
ADDRESS	1000011105 10	DOX 15000	HI T AN ATT (FINAL)		
prov.	by manowith the Lon	er vivo Baybay			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
29	+	smule	Instructor		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e 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		
Medical Officer III Licenso No. 015319	and carried our responsibility and an extension of the control of the carried out of the	The contract of the security of the security of the security and the security of the security	etanomi, et constitution (competiti englese)
AGENCY/Affiliation of Licensed Government Physician:	that all the same of		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1000	J24.	
OFFICIAL DESIGNATION	DATE EXAMINED		
6-22-29		-22-22	

mp-lio