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

Urinalysis
Chest X-Ray

Drug Test Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	ne, First Name, Name Exte	nsion (if any) and Middle Name)	AGENCY / ADDRESS VSW , BAYBAY CITY PROPOSED POSITION	
ADDRESS	NCERINA, S	ENCAH M.		
AGE	SEX	CIVIL STATUS		
Con	=	M	ADMIN AIDE III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e	xamination result	s, personally	examined the
above named individual and found him/her to be physically and medically	ZFIT / □UNFIT I	for employmen	t.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'L T, SUPNET GUINO (N. M.D.)	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:	mana and and		
Vsu Hospital			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD
11828	1.48	Stripped	ATYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
medical private III		12.12.	11