MEDICAL CERTIFICATE

(For Employment)

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a.	This medical	certificate should	be accomplished	by a licensed	government phy	sician.
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- 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 Name	e, First Name, Name Extension	(if any) and Middle Name)	AGENCY / ADDRESS
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ADDRESS			Auait
20nc	2 Bray. Pup	ey. Barbay	Senite
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
37	Male	Smyle	Amin time VI

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Christell Venus F. Copno, M.D. Lic. No. 0156411 AGENCY/Affiliation of Licensed Government Physician:				
	1			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
LICENSE NO.	AND PROPERTY.	, , ,		