## 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 Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
MBONG	JERRY	DEGOLLACION	
ADDRESS			
Bryy. Kilie	n, Baybay		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
44	M	Married	Faculty / Instructor

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically IFIT / IUNFIT for employment.					
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRICTLT, CUPNET GLANCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
Medical Officer III License No. 111828		, ••			
AGENCY/Affiliation of Licensed Government Physician:	1				
Ver thospital					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
111 328	1.67	63.24	AB		
OFFICIAL DESIGNATION	DATE EXAMINED				
MEDICAL OFFICER III	CX-08-[9				