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 (if any) and Middle Name)			AGENCY / ADDRESS		
CHIC	ONG, HERMI	LA PURAY	VISAYAS STATE UNIVERSITY		
the state of the s		LICA BAYBAY CITY, LEYTE	BAYBAY CITY LEYTE		
AGE	SEX CIVIL STATUS		PROPOSED POSITION		
Sh	7	W	MEDICAL TECHNOLOGIST I		

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			
JOSEPHINE O ZAFICO, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Circles Covernment Physician:			
D7869	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD WTYPE W
official designation Medical officer M	DATE EXAMINED 1/15 /18		