## 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
Beychological Test
Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, F	irst Name, Name Extension (i	AGENCY / ADDRESS	
ALLOR	BER, LUYILL	A GARCIA	V&U Campus, Visca,
ADDRESS DUPLEX	10-1, VSM CAM	PUS, VISCA, BAYBAY CITY, U	one buy bay city, cyfe
38	SEX	CIVIL STATUS	PROPOSED POSITION
	FEMALE	MANNED	+0 11

## 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,	xamination result ☑FIT / ☐UNFIT	s, personally e for employmer	xamined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRIST'L T. SUPNE ASUNOCOR M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828	9		
AGENCY/Affiliation of Licensed Government Physician:			
VSu toceTAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
11.828	1505 CM	14.8 KG	AB
OFFICIAL DESIGNATION	DATE EXAMINED		
mentar officer W	6-24-19		