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, F	irst Name, Name Extens	AGENCY / ADDRESS	
ADDRESS V 5	4 Bay D		
AGE 31	SEX	CIVIL STATUS	Instructor III to Assistant IV

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Way CHAISTEVE VENUS F. CAPUNO, MM	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	1		
Vgu listen.			
LICENSE NO. 8 MG 8 M	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0100081	160 3 cm	75 Kg	Bt
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer (1)	2 August 2023		