## 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

 The results of the following pre-employment medical/physical/psychologic 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	
	10, UOVIE MAI	VSU / VISCA, BAYBAY		
ADDRESS	e y el la Perlanda a la composition de			
MARAO INOPACAN LEYTE			CITY, LEYTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
28	FEMALE	SINGLE	INSTRUCTOR III	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached enabove named individual and found him/her to be physically and medically	xamination result □FIT / □UNFIT	ts, personally e for employmen	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO. UKンy	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
m8 2	157	80	BY
OFFICIAL DESIGNATION	DATE EXAMINED		

4-29-24