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:

gaonica to time romm
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) ALVAREZ, CORAZON L. ADDRESS BYGY. GODGS, BCYVZY			AGENCY / ADDRESS	
			VSU DLABS	
			,,	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
26	F	S	Instructor 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	amination result ☑ FIT / □ UNFI	s, personally e r for employme	xamined the ent.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: JOSEPHINE O. ZVFICO, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 075699 AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
75699	5'3	57145	B
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer I	7/2	5 /18	