

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, First Name, Name Extension (if any) and Middle Name) <i>Benson Diaz</i>			AGENCY / ADDRESS <i>DDO-VSH</i>
ADDRESS <i>Zandadn Baybay Luyt Zety</i>			
AGE <i>49</i>	SEX <i>Male</i>	CIVIL STATUS <i>M</i>	PROPOSED POSITION <i>Welder I</i>

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>MERRY CHRISTINE T. SORIANO, M.D.</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <i>165 cm</i>	WEIGHT (KG) Stripped <i>50 kg.</i>	BLOOD TYPE <i>"O"</i>
OFFICIAL DESIGNATION	DATE EXAMINED <i>5-17-2020</i>		

68-100
70