MEDICAL CERTIFICATE

(For Employment)

N	S	Т	R	U	C	Т	10	N	S

- 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:

Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Na	me, First Name, Name Exter	nsion (if any) and Middle Name)	AGENCY / ADDRESS		
Par	daler, Andreli	Juatin	VSU Library / Brybny City		
ADDRESS Brgy	Guadologe, Zne				
00	ISEX	CIVIL STATUS	PROPOSED POSITION		
AGE					

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRISTLT, SUPNET-GUINOUR, M.D. Medical Officer III AGENCY/Affiliation of the Control of				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	1.58 m	69- Mg	0	
OFFICIAL DESIGNATION	DATE EXAMINED			
	1-01-18			