MEDICAL CERTIFICATE

(For Employment)

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- 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) | | AGENCY / ADDRESS | | | |
|---|------------|------------------|--------------------------|--|--|
| GEROM | , PONEL BA | tnlu T7 | VISAURI VARTE UNIVERSARY | | |
| PANGHAMAN , BAYMAY CITY, CEYPE | | | USCA, MAYEM CITY, COYTE | | |
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| 27 | MALE | ringle | AUTRICION 11 | | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached above 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 | | | |
| Chief of Hespital I License No. 098800 | | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | 1000 × 1000 | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE (| | |
| OFFICIAL DESIGNATION | DATE EXAMINE | 19-5 | OT | | |