MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	INSTRUCTIO	NS
--------------	------------	----

- 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 applicab	le)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)					AGENCY / ADDRESS					
	ENRIQUEZ, CAMICLE RESMA				Faculty	of Veti Medicin	eri nang			
ADDRI	ESS	A-1240-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-100-VE-10						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nedicin	_
	PUROK	1	BRGY	CTA	CRIP	hacethack	evy			ESIM - MAIN
AGE		SEX	CIVIL STATUS			00-0	PROP	OSED POSITI	ON	
	29		F Marrie of			Assutant	Professo	· 1		

FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN		
I hereby certify that I have reviewed and evaluated the attached exa 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			
CHRISTELLE VENUS F. AMPUNO M-D				
AGENCY/Affiliation of Licensed Government Physician:				
VIV HULPITA				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
butem	14a	30	Br	
OFFICIAL DESIGNATION	DATE EXAMINE	D		
4. 4 - 1 () - 111	7 21	~ /		

BD in A