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:

□ 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		
CAINTIC	HENRY	SABEJON	VSU, SECURITY		
ADDRESS	Recording of the south at the state of the s		X		
V628, V150	A BAYBAY	OFFICE, VISCA, BAY			
p 0 1) v1 - 0	7. JDJS/ PJ /	CITYILEYTE			
AGE		CIVIL STATUS	PROPOSED POSITIÓN		
59	malt	MARRIED (SEPARATE)	59-1		

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 as SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	for employm	ent. BOUT THE	,
JOSEPHINE O. ZAFICO, M.D. Medidal Officer III License No. 075699	PRO	POSED APPOII	NTEE	
AGENCY/Affiliation of Licensed Government Physician:				
078499	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE B	No.
OFFICIAL DESIGNATION MODICAL OFFICER	DATE EXAMINED			

80