MEDICAL CERTIFICATE

(For Employment)

	- 1	
INSTRUCTIONS		
a This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.	
FOR THE PROPOSED APPO	DINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS	
ENAYA, MARY GRACE PEREZ	DLABS	
ADDRESS		
BRGY. PANGASUGAN BAYBAN CITY, LEYTE		
AGE SEX CIVIL STATUS	PROPOSED POSITION	
29 F MARRIED	INSTRUCTOR 1	
FOR THE LICENSED GOVERNMEN	IT PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically &	mination results, personally examined IFIT / □UNFIT for employment.	d the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERN CHRISTIT, SUPPLY-GUNOCO, M.D. Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	E
AGENCY/Affiliation of Licensed Government Physician.	-	
LICENSE NO	HEIGHT (M) WEIGHT (KG) BLOO Stripped TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED	
	7-0-19	