MEDICAL CERTIFICATE

(For Employment)

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a.	This medical	certificate should	be accom	plished by a	a licensed	government	physician.
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- 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, F	First Name, Name Extens	sion (if any) and Middle Name)	AGENCY / ADDRESS		
BUDONAR	o, OHPKTICH	VIE PADMAND	VICATAS STATE LINERSTITY		
ADDRESS			Part of the second		
BRGY. COMPLE DULAG, LEYTE			BAYBAY CITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
35	M	MAPPIED	Independent I		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e 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			
AGENCY/Affiliation of Licensed Government Physician:	hal			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED 12/27/24		