

INSTRUCTIONS

1. This medical certificate should be accomplished by a government physician.
2. Attached this certificate to original appointments and reinstatements.

FOR THE PROPOSED APPOINTEE

| | | | |
|--|------|--------------|-------------------|
| NAME (Last, First, Middle, or if married woman, Maiden Name) | | | AGENCY/ADDRESS |
| Bansale, Jay Custodio | | | KSU, Baybay |
| ADDRESS | | | PROPOSED POSITION |
| AGE | SEX | CIVIL STATUS | Instructor II |
| 33 | Male | Single | |

Pre-Employment Medical - Physical Tests

1. Blood Test
2. Urinalysis
3. Chest X-Ray
4. Drug Test
5. Neuro-Psychiatric Examination (if necessary)

NOTE: ALL RESULTS OF EXAMINATIONS MUST BE ATTACHED TO THIS FORM.

FOR THE PHYSICIAN

| | | | |
|---|--------------------|---|----------------------|
| I hereby certify that I have personally examined the abovenamed individual and found her/him to be physically and medically fit/unfit for employment. | | AFFIX Documentary Stamp Here | |
| PRINTED NAME / SIGNATURE OF PHYSICIAN | CERTIFICATE NUMBER | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| MILDA A. MAROTON, M.D. | 60376 | Physically fit | |
| OFFICIAL DESIGNATION | | HEIGHT (Base feet) | WEIGHT (Stripped) |
| Municipal Health Officer | | 166 | 62 |
| AGENCY | | BLOOD Type | |
| LGU - RITA - Marikina, Rizal | | | |
| | | DATE EXAMINED | |
| | | | June 23, 2020 |