MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	S
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- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Medical Oppier.

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

Layme Dave Peter Goday			Utts	
ADDRESS				
Bray.	Bray. Hibunewan Brugbay City Leaste			
AGE	SEX		PROPOSED POSITION	
33	Male	married	Admin. Aide (V	

FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christole Years F. Capata, N.O. License No. 158881 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
NOU HOSPITA	0.00		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		