MEDICAL CERTIFICATE

(For Employment)

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
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	
Ferraren Dilb		ierh d.	Visayes State	
ADDRESS			- Visige Site	
6-1 Pu	plax Visca,	Baybay Gily, leyte	University	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
Ceo	m	M	Professor IV	

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 the physically and medically,				9
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (1975) T. SUPNET-GUINOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:	and a series			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	-
	1741	814	o wa	mp
DFFICIAL DESIGNATION	DATE EXAMINED			
		11-18-19		