## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- 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 Nam	e, First Name, Name Exte	ension (if any) and Middle Name)	AGENCY / ADDRESS		
Anonar, Olive Ann 6.			Visayar Stark University -		
ADDRESS			Department of Meteorology		
Visca, B	aybay City, L	eyte	Department of Material		
AGE SEX		CIVIL STATUS	PROPOSED POSITION		
24	F	Single	Instructor 1		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove 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		
MEDICAL C			
AGENCY/Affiliation of Licensed Government Physician:			
Vey Hospita			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0176 881	1.01	8	07
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer m	7-30-71		

RP