MEDICAL CERTIFICATE

(For Employment)

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b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physis must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)				
FOR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS			
FERNAWOET, EPAPOL CAUBE ADDRESS KABALATAW BARRAY CITY	YEU			
AGE SEX CIVIL STATUS	PROPOSED POSITION			
34 MALE MAPPHED	INS TRUCTOR			
FOR THE LICENSED GOVERNME	NI PHISICIAN			
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:				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: V. W. W. W. W. AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
above named individual and found him/her to be physically and medically signature over Printed Name of Licensed Government Physician:	OTHER INFORMATION ABOUT THE			