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 Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
DA (CERA, RESA	MONTECALBO	00:10:25
Pangarugan, Boybay, City, Leyfe			e Phil Rootwops
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
47	Female	Manied	Quence Aide

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex	xamination result	s, personally e	xamined the
above named individual and found nim/her to be physically and medically	FIT / UNFIT fo	or employment.	
SIGNATURE over PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLE) SUPPLY GUID (OR M.D. Medical Officer	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
voy Hamitel			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
11828	Bare Foot	Stripped	V TYPE
OFFICIAL DESIGNATION	DATE EXAMINE		<u> </u>
medical office 14	1-8-2I		

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