## 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

	st Name, Name Extension (if a	AGENCY/ADDRESS		
ADDRESS		Baybas City,		VSM, Visca, Pan bay City, Lewte
AGE 60	sex Male	civil status Martied	*1.4	Renual Renual

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination result FIT / □UNFIT	s, personally of for employme	examined the nt.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRISTI T. SUPNET-GUINDCOR, M.D., Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
r i	167.5 cm	66.74	B"
OFFICIAL DESIGNATION	DATE EXAMINED		
	5-4-20		

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