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/mental examinations 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	
ALD	E, RINA C	DEPARTMENT OF PLANT BREEDING AND GENETICS		
APT. 4	I MAPLE APA	DALUPE VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
24	TEMAL:	E SINGLE	INSTRUCTOR	

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	amination result ☑ FIT / ☑ UNFI	s, personally e T for employme	xamined the ent.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRISTIT, SUPNET-GLACOR, M.D. Medical OfficerIII License No. 111828 AGENCY/Affiliation of Licensed Government Physician:	and the same		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	MEC	7.31	U
OFFICIAL DESIGNATION	DATE EXAMINED 8-10-6		