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	torm
Blood Test	
Urinalysis	

Chest X-Ray Drug Test

Psychological Test

■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		sion (if any) and Middle Name)	AGENCY / ADDRESS		
PENA	WSA , MARIEU	IC F	VSU, PANCASUGAN, BAYBOY UTY 4		
ADDRESS	and the second s	and the second s			
KILBOURNE ST. APT. 38					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
31	F	MARRIED	ASSISTANT PROF. 11		

maked officer II		5 - 3-23		
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
111828	149	इक न्य	'ABJ'	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
N/84 Hospital				
AGENCY/Affiliation of Licensed Government Physician:				
MERRY CHRISTI, I. SUPNET GUINOCO M.D. Medical Officer III License No. 111828				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	xamination result □PIT / □UNFIT fo	s, personally e or employment	examined the	
FOR THE LICENSED GOVERNME	NT PHYSIC	IAN		