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 Nar	ne, First Name, Name Exte	AGENCY / ADDRESS	
ENAYA,	BEWUN PAD	DEPARTMENT OF LIBERAL ARTS AND SCIENCES, VSW, BAYBAY CITY, LEYTE	
ADDRESS			BAYBAY CITY, LEYTE
PUPLEX A-	2, VSU, BAYBAY	CITY, LEYTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
28	MALE	SINGLE	INSTRUCTOR I

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found <u>him/her</u> to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LOENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MEDDA CIDICAL A CIDILES CIBINANO II D			
MERRY CHRISTLT, SUPNET-GUINOWK, M.D. Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
	• *		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	171cm	68.7Kg	
OFFICIAL DESIGNATION	DATE EXAMINED		
714/20			×