MEDICAL CERTIFICATE

(For Employment)

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- 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 CETINA, DEHNIS LORETO PANGASUGAN ADDRESS BAYBAY CITY, LEYTE CIS DUPLEX, YKU, PANGASUGAN AGE SEX PROPOSED POSITION 23 MALE CINGLE CUBETTUTE INSTRUCTOR

FOR, THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination result	s, personally e	examined the
above named individual and found him/her to be physically and medically	FIT / DUNFIT	for employmen	nt.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN MERRY CHRISTILL SUPPLICATION MD. AGENCY/Affiliation of Licensed Government Physician	OTHER IN	FORMATION AE POSED APPOIN	BOUT THE
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED F. 18-19		

120/80 mmHd