OFFICIAL DESIGNATION

MEDICAL OFFICER III

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			Military to the active of a process property of the following the security of
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and re c. The results of the following pre-employment medical/physica must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.		
FOR THE PROPOSED APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ACILO, VIRGILIO C	AGENCY / ADDRESS		
ADDRESS	VISCA BATBAY CITY		
BRGY, BUNGA BAYBAY CITY, LEYTE	LEYTE		
AGE SEX CIVIL STATUS	PROPOSED POSITION		
61 M MARRIED	ADM.	AIDE II	
FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically	mination result IT / □UNFIT t	s, personally of	examined the t.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: ORRIST LLE VERMENT OF LICENSED OF LICENSE NO. DISESSI	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
VSV Hospital			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
0156.881	Bare Foot	Stripped 80 IU.	TYPE

DATE EXAMINED

12-19-23