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			
Rosello,	Mikko Zillal	h Dela corta				
ADDRESS			Department of Horticulture			
AGE SEX CIVIL STATUS			PROPOSED POSITION			
28	F	M	Admin. Aide III			

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensea Government Physician:					
O (53(5")	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE A		
OFFICIAL DESIGNATION	DATE EXAMINED				
muchical option of	1/-29-2/				