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
7	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		
w,	JOCELYN	Management House #2			
ADDRESS			17.1		
Manag	ement thu	Q #2 - VSU	130		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
50	F	Married	Atmin. Kef. 1		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically [
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L I, SUPNET-GUNO OR, M.D. Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD		
111826	Bare Foot	Stripped 49	A B		
OFFICIAL DESIGNATION	DATE EXAMINE	D			
Medial Opprer W	1-9-25				

BP 1107