## 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/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	
JManillo	Kay Tepait		DCABS, vissys State University, Boulong City, Layle	
ADDRESS			Baybary uta, rayre	
Son Vicante	st. Bogo 41	y Coby		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
24	Female	Single	Instructor	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	154 M	53.8 Kgs	6+
OFFICIAL DESIGNATION	GNATION DATE EXAMINED		