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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Chest X-Ray Drug Test ☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

DARGAN	TES, TONI	MARC, LORETO	VSU, Visca, Pangasugan, Baybaysin
Lot 26, Vi	lla Trinidad	Subd. Bray. Ga-as, Baylong	Leyte PROPOSED POSITION
41	Male	Masried	Planning Officer III

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically DISIGNATURE over PRINTED NAME OF LIGHNSED GOVERNMENT PHYSICIAN:	DEIT / DUNFIT I	for employment.			
Christelle Venus F. Carlotto, Ni.O., Lic. No. 0156 81	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	HEIGHT (M) WEIGHT (KG) Bare Foot Stripped	BLOOD TYPE			
Christelle Venus F, Carring, M.D., Lic. No. 0156/81 ENCY/Affiliation of Licensed Government Physician: WOU HOSPITAL ENSE NO. OIST 881	174	47-5	B		
OFFICIAL DESIGNATION	DATE EXAMINE	D			
medical Oppier W	10-24-24				