## 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

Orinalysis
Chest X-Ray Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Extension	AGENCY / ADDRESS		
ALCO	BER, LUVILLA	USM , BAYBAY CITY,		
ADDRESS			7	
Bn G	Y. GABAS, BA	LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
43	PEMALE	MARNED	AO W	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached 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	
111828				
OFFICIAL DESIGNATION	DATE EXAMINE	D		
	8-8-24			