MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license. b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ADDRESS Sta. CAUZ Baybay City Leyte AGE SEX CIVIL STATUS	PROPOSED POSITION
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached ex-	camination results, personally examined the
above named individual and found him/her to be physically and medically P SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHISTIAN SUMMER CONTROL OF LICENSED GOVERNMENT PHYSICIAN: AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO. OFFICIAL DESIGNATION	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE DATE EXAMINED
	7-5-22