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/mental examinations must be attached to this form:

Blood Test
Urinalysis
Chest X-Ray
Drug Test

Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

28	PEMALE	INGLE	INSTRUCTOR III	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
PATTAG	, BAYDAY CITY, I	.ETE		
ADDRESS				
POLIQUIT, ANGIE REFUERZO			VSU, BAYBM, LEYTE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove 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		
MERKY (MN) [], VPNE I-GUINULUX, M.U. Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	159 cm	459.1 hgs	"0"
OFFICIAL DESIGNATION	DATE EXAMINED		
	M- M-13		

BP-

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