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
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	
504	OM , SHE	RYL MILLAMA	DPM, USU, NISCA	
ADDRESS			7 43 7 4	
BRGY. GABAS BAYBAY, LEYTE		BAYBAY LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
27	PEMALE	SINGLE	ADMIN. AIDE III	

FOR THE LICENSED GOVERNME	NT PHYSI	CIAN	
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amiration result □ FIT / □ UNFI	s, personally e T for employm	examined the ent.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRISTIL T. SUPPLET-GLYOCOR, M.D.			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	172	761	Au
OFFICIAL DESIGNATION	DATE EXAMINED		
	09-1-18		