## 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/psychological must be attached to this form:

Błood Test Urinalysis Chest X-Ray

Drug Test
Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

medical Officer

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
Rab	e, Shiela Y	L,	VSM , Visca Baylar	
ADDRESS				
Apo	irtment 11, ki	lbourne St. Wy	city laste	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
34	F	Married	asst. Prot 2	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached eabove 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 College Affiliation Of License Affi			
VSU - Hogortal			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
0136 801	1.47	50kg	PT
OFFICIAL DESIGNATION	DATE EXAMINED		

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05/09/26