## 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:
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
POPON	nd, Conc	cepcion Apac	
DDRESS			
PAG Su	led, Bray	· Cogon, Pouray City	
GE	SEX	CIVIL STATUS	PROPOSED POSITION
49	1	Married	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MEAN (HRIST I, SUPPLY MOCOR M)  Medical Official Management of the physical official	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED	
miaica opur 10	5. 9-27	