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	e, First Name, Name Extension	AGENCY / ADDRESS		
DESA	DES, CHRISTY	VSU, Visca, Baybay City,		
ADDRESS				
BALL	IGO, ALBUTRA,	Leyle		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
34	Female	Single	Associate Professor III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically in			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot DATE EXAMINED OTHER INFORMATION A PROPOSED APPO WEIGHT (KG) Stripped (**Core** C**Coky**	BLOOD TYPE	
	160.6cms.	18.6kgs.	
OFFICIAL DESIGNATION	DATE EXAMINED		
	4 October 2000		