## 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

	irst Name, Name Extensio	AGENCY / ADDRESS	
ADDRESS			
Samb Rosarro, Baybay City			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
1/3	Th	Mamied	

## 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	xamination result	s, personally e. for employmen	xamined the
SIGNATURE OVER PRINTED NAME OF LICENSE OWERMMENT PHYSICIAN:  MEDICAL OFFICER(II)  LICENSE NO. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
0156881	1-63 cm	68.2kg	07
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDICA OFFICER III	Dec. 12,2023		