ADDRESS

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AGE

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 EDIESER AVERION NORIEL VSU Visca Aprt 41, USU, Visca SEX CIVIL STATUS PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

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I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically ZFIT / DUNFIT for employment.			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN JOSAPHINE O. ZANCO, M.D. Medical Officer III License No. 075699		FORMATION A POSED APPOI	
AGENCY/Affiliation of Licensed Government Physician: What Hospital Control of Licensed Government Physician:			
b78499	HEIGHT (M) Bare Foot 165cm	WEIGHT (KG) Stripped	BLOOD TYPE
official designation Med. Office In	DATE EXAMINED		