## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	N	S

- 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:

2	Blood Test
1	Urinalysis
	Chest X-Ray
	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, Firs	st Name, Name Extension (if	AGENCY / ADDRESS	
	IL LENIT	A LAPASANOA	
ADDRESS			
STA. CH	UZ BAYBAY		
	SEX	CIVIL STATUS	PROPOSED POSITION
55	P	SEPARATED	

## 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				
MERRY CHRISTLT, SUPNET WOODR, M.D.  Medical Office No. 11  AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	Bp:
	150 cm	60 Kg	Bt	110/8
OFFICIAL DESIGNATION	DATE EXAMINED			7 .6
		1-5-19		