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	
Aure	, PEV F	4122A	LIONB	01011/11/200	
ADDRESS		Del. M. 4	10.0415 1.66	VSW/ VISCA,	
AM. H	: 66, KIL	BONENE	DRIVE USU	Baybay City, Leyk	
AGE	SEX	CIVIL STATUS		PROPOSED POSITION	
42	M	MAR	\$1ED	Associate Professor	

FOR THE LICENSED GOVERNMENT PHYSICIAN

	5-77-26		
OFFICIAL DESIGNATION	DATE EXAMINED		
	1.67 M	77/195	00
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HNSTLT, SUPNET-GUINCOR, M.D. Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically	amination result FIT / □UNFIT fo	s, personally e or employment	examined the