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
LARROSA JOSEFINA M.			W5M
ADDRESS			77/
490 Tinag-am Albuera leyte			and the state of t
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
	E	ΛΛ	Adm. Officer I

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	xamination results, personally examined the DFIT / DUNFIT for employment.	е
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
CHIEF OF HOSPITAU LICENSE NO.098000 AGENCY/Affiliation of Licensed Government Physician:	Type 2 mg c	hm
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 143 T4-3 T6	BP
OFFICIAL DESIGNATION	DATE EXAMINED 9-4-23	