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/mental examinations 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 Nam	e, First Name, Name Extension	AGENCY / ADDRESS	
ESCA	4LA, LEOPOLI	DO JR	SIMPRON
ADDRESS			VSD
BREY.	JAENA, BA	1BAY CITY	LEYTE
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
36	MALF	MARRIE	D ADMIN AIDE III

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found <u>him</u> /her to be physically and medically	mination results ☑ FIT / □ UNFIT	s, personally e for employme	examined the ent.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T, SUPNET WINOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Offider III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1 US cm	79.2 kg	Ó
OFFICIAL DESIGNATION	DATE EXAMINED		
	4	18/18	