## 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, Fir	AME (Last Name, First Name, Name Extension (if any) and Middle Name)  AGENCY / ADDRESS				
VILLARU	DEL, JENZEN.				
ADDRESS					
PANG	GASUGAN BA	MYBAY CITY, LEYTS			
AGE	SEX	CIVIL STATUS PROPOSE	PROPOSED POSITION		
29	MALE	SINGLE			

## FOR THE LICENSED GOVERNMENT PHYSICIAN

		2-20-19		
ICIAL DESIGNATION DATE EXAMINED		D		
ICENSE NO	HEIGHT (M) Bare Foot 172 Om	WEIGHT (KG) Stripped 77-1 kgs	BLOOD TYPE A+"	
AGENCY/Affiliation of Licensed Government Physician:				
MERRY CHRISTL T. SUPNE WINOCOR, M.D.	PROPOSED APPOINTEE			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTHER IN	OTHER INFORMATION ABOUT THE		
above named individual and found him/her to be physically and medically,	ZFIT / DUNFIT	for employmer	nt.	
I hereby certify that I have reviewed and evaluated the attached explained individual and found him for the latest the second individual and found him for the latest the second individual and found him for the latest the	xamination result	ts, personally e	xamined th	

no/so