## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	0	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:

Blood Test

Urinalysis

Chest X-Ray

☐ Drug Test☐ Psychological Test☐

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Exten	AGENCY / ADDRESS			
MIRE	JOVANNEN	1AR PALADA			
ADDRESS			MCRC-V, VSU		
BRG-1.	PANGAGUG	AN, BAYBAY CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
24	<b>W</b>	SINGLE	INSTRUCTOR		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	8-24-2620					
OFFICIAL DESIGNATION	DATE EXAMINE	48.2	ħ			
	Bare Foot	Stripped	TYPE			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD			
AGENCY/Affiliation of Licensed Government Physician:						
MERRY (HRISTLT, SUPPLE GUINOCOR, M.D., Medical Officer III License No. 111828	PROPOSED APPOINTEE					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE					
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 result	s, personally e for employmer	xamined the			

BP: 110/40