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:

D	Blood Test
2	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	
Bair	oc , Rosemante	Digreth		
ADDRESS	Mad a ser	viscogals state University		
Brgg. Maitum, Ibaybay city, Legte AGE ISEX ICIVIL STATUS			PROPOSED POSITION	
AGE	SEX	CIVILSTATOS	PROPOSED FOSITION	
<i>2</i> Q	Female	single	Instructor	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MAN CHISTLE SPHILE WAR NO. Man Chicago No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	148 cm	40-5ks	A
OFFICIAL DESIGNATION	DATE EXAMINED ()		
	6-21-18		