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, Firs	st Name, Name Exter	AGENCY / ADDRESS	
Rafael	8. Ver	VSU, Viscon, Boylo	
Kilbourne	st. Vs	Au City, Loyler	
AGE	SEX SEX	CIVIL STATUS	PROPOSED POSITION
50 xrs.old	M	Marricol	Admin. Aide VI

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex-	amination result	s, personally ex	camined the
above named individual and found him/her to be physically and medically M. M. C. C. M.	DAT / DUNFIT	for employme	nt.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	FORMATION AB	OUT THE
MERRY CHRIST'L T. SUPNET-GUIN COR. M.D.	PROPOSED APPOINTEE		
Medical Officer II License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
	Bare Foot	Stripped	TYPE
	163-5cm	69-5 kgs	0
OFFICIAL DESIGNATION	DATE EXAMINED		
	2-11-21		