## MEDICAL CERTIFICATE

(For Employment)

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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

## FOR THE PROPOSED APPOINTEE

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

NAME (Last Name, I	First Name, Name Extension	AGENCY / ADDRESS		
ABAPO	JANE M		* * * * * * * * * * * * * * * * * * * *	
ADDRESS			11011	
C. M. Ructo	St. Baybay	City, deyte wol	NSU	
AGE	SEX 0 0	CNIL STATUS	PROPOSED POSITION	
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## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  (hristelle Venus F. Capuno, M.D.  Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
Ven ungen	4			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD	
0102 881	IJ3	Stripped	TYPE	
DFFICIAL DESIGNATION	DATE EXAMINED			
Medical Officer III	November 23, 2022			

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