## 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:

Blood Test
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	
			MAI liver By bay land	
ADDRESS			- VSV, VISCO Berbey lent	
Guadalupe CAy of Baybay				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
40	M	M	AAI	

## 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	amination result	ts, personally e T for employme	xamined the
SIGNATURE OVER PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTL T. SUPNET-GUNOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828  AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	174cm	91-789	B7
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED	
	9-5-11		