

(For Employment)

## INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
VECINA , JONELL BASTE			
ADDRESS			
HILAPNITAN , BAYBAY CITY LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
32	MALE	SINGLE	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828				
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.				
		HEIGHT (M) Bare Foot 162 cm.	WEIGHT (KG) Stripped 72 kgs.	BLOOD TYPE O+
OFFICIAL DESIGNATION		DATE EXAMINED 03/20/2023		

- *Physalis* Family Solanaceae

penggunaan dan cara menulis,   
 menulis dengan menggunakan media / cara.

Q