MEDICAL CERTIFICATE

(For Employment)

INSTRUCTION	S
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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 Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Extension	AGENCY / ADDRESS		
SAJULG	AL MIRA LUI	DPHU		
ADDRESS				
vsu l	JWER. BRGY P	ANDAGUCAN, BAYBAY CITY		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
31	F	Marmer	INSTRUCTOR J	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	
SIGNATURE OVER PRINTED NAME OF LICENSED COVERNMENT DEVSICIANI	OTHER INFORMATION ARGUIT THE

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE CHRISTELLE VEMUS F- GADUNO M.D

AGENCY/Affiliation of Licensed Government Physician:

HOSPL TON

HEIGHT (M) Bare Foot 14X

DATE EXAMINED

Stripped 57

WEIGHT (KG)

BLOOD TYPE At

OFFICIAL DESIGNATION

1756881

LICENSE NO.

MEnica OFTICER

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7 30-25