### INSTRUCTION

- 1. This Medical Certificate should be accomplished by a government physician.
- 2. Attached this certificate to original appointment and reinstatement.

## FOR THE PROPOSED APPOINTEE

NAME (Last, First, N	AGENCY/ADDRESS:		
RAMOS, DON	VISAYAS STATE LINIUDISITY		
ADDREESS:	VISCA BAYBAY CITY, LEYTE		
BRGY. GUADA	PROPOSED POSITION		
AGE:	SEX:	CIVIL STATUS:	PROPOSED POSITION:
27	F	S	INSTRUCTOR I

# Pre-Employment Medical - Physical Test

- 1. Blood Test
- 2. Urinalysis
- 3. Chest X-Ray
- 4. Drug Test
- 5. Neuro-Psychiatric Examination (if necessary)

# NOTE: ALL RESULTS OF EXAMINATION MUST BE ATTACHED TO THIS FORM

### FOR THE PHYSICIAN

I hereby certify that I have personally examined the abovenamed individual and found her / him to be physically and medically fit / unfit for employment				AFFIX Documentary Stamp here		
PRINTED NAME / SIGNATURE OF PHYSICIAN CERTIFICATE NUMBER:			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
OFFICIAL DESIGNATION:) 136287						
AGENCY:			HT et)	WEIGHT (Lbs.)	BLOOD Type	
Hi-Precision Diagnostics - Commonwealth			DATE EXAMINEP 5 2021			

Branch

Wale

Chef of Hospital License No. 098200