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/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

A second	and the same of th	and the same of th	
NAME (Last Name, Firs	st Name, Name Extension (if a	AGENCY / ADDRESS	
EMNAC	E WY C	APANGPANGAN	YSU, Baybay City,
APT 63 k	city Ley	Leyte	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
46	F	Married	Prof 6

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 ϕ be physically and medically \Box +	TI UNFIT f	or employmen	t.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Wedical Officer III License No. 1115 28	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 50-2	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Oppier 14	4-24-24		

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