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:

 - 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	
PATILL	A, GIDEON LO	VSW - College of toursing		
ADDRESS				
VILLAHE	RMOSH, PILAR,	CEBU	Visca, boyboy city, Leyk	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
36	MALE	hammed	I has ructor 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex	kamination result	ts, personally e	xamined the
above named individual and found him/her to be physically and medically	ØFIT / □UNFI	T for employmen	nt.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY (HRISTLT, SUPNET-GUNOCOR, M.D. Medical Officer III License No. 111828 GENCY/Affiliation of Licensed Government Physician:			
AGENCY/Affiliation of Licensed Government Physician:	0.000000		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	175	74	0+
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED	
	(-24-23		