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	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ALMERODA VERONICO B. ADDRESS	VSM - 065
BORGY PATTAG. MAYBAY CITY LEYTE	
AGE CIVIL STATUS	PROPOSED POSITION
J9 Male Married	Admin Aide III
FOR THE LICENSED GOVERNMENT PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached exalebove named individual and found him/her to be physically and medically of SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	mination results, personally examined the FIT / □UNFIT for employment.
MERRY CHRISTIT, SUPNET CUIN OR M.D. MERRY CHRISTIT, SUPNET CUIN OR M.D. AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO	
	HEIGHT (M) WEIGHT (KG) BLOOD TYPE 153 Ch (9.4 kg) WEIGHT (M) Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED

1-18-19