## MEDICAL CERTIFICATE

(For Employment)

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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, F	irst Name, Name Extension	(if any) and Middle Name)	AGENCY / ADDRESS
CABARDO,	GELFIN UR.	VSU - CUM	
ADDRESS	AN (11) (14) (14) (14) (14) (14) (14) (14)		Visco Paulau City
693 A E	1864. STO. RI	DSARIO BAYBAY, LETTE	Visca Baylay City
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	M	SINGLE	INSTRUCTOR I

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO. Medical Officer III License No. 111828	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
	Bare Foot	83.5	At	
OFFICIAL DESIGNATION	DATE EXAMINED			
	7-12-21			