## 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

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	SEX	CIVIL STATUS	PROPOSED POSITION		
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Bandiba	s, Kevin Nick	, Man	popac, vsy		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

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OFFICIAL DESIGNATION	DATE EXAMINE	D	
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LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
You thoghital			
AGENCY/Affiliation of Licensed Government Physician:			
Christelle Venus F. Capuno (175). Lic. No. 0156881			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically	kamination result. ZFIT / □UNFIT fo	s, personally ex or employment.	xamined th