MEDICAL CERTIFICATE

(For Employment)

| INSTRUCTIONS | | | |
|---|--|-------------------------|--------------|
| a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physics must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | eemployment. | | |
| FOR THE PROPOSED APPO | DINTEE | | |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Alegge Jotham Uond Uap | AGENCY / ADDRESS | | |
| Bray. Son laider, Dust Ormoc City | | | |
| AGE SEX CIVIL STATUS | PROPOSED POSITION | | |
| 23 M Single | Instruc | for I | |
| FOR THE LICENSED GOVERNMEN | IT PHYSI | CIAN | |
| I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically | amination result | ts, personally e | examined the |
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTYLS, BUING DR.M.D. MEDICAL OFFICER NI LICENSE NO. 111828 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | |
| VSU thospital | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD |
| 111822 | 145 | ub | A |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |

2-6-24

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