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, Fir | rst Name, Name | AGENCY / ADDRESS | | | |
|----------------------|----------------|------------------|--------------|-------------|-------------------|
| PAG-U | MAN, | USU UBRARY | | | |
| ADDRESS | | | | | V |
| TAB-ANG, | FILIU | ,BAY! | BAY CITY | LEYTE | |
| AGE | SEX | | CIVIL STATUS | we street a | PROPOSED POSITION |
| 29 | M | | S | | XDMIN AIDE I |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically | | | | |
|---|--|----------------------|-----------------|--|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'L T, SUPNIT GUINOCOR, M.D., Medical Officer III | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE , | |
| OFFICIAL DESIGNATION | DATE EXAMINED | DATE EXAMINED | | |
| F17-1 | | | | |

pro to