## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physica must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
CAINGCOY, KIMBERLY VANZUELA	NIGOA, BAYBAY CITY
BRGY MALINAO, MAHAPLAG, LEYTE	re-1 Le
AGE SEX CIVIL STATUS	PROPOSED POSITION
25 FEMALE SINGLE	S RA
FOR THE LICENSED GOVERNMEN  I hereby certify that I have reviewed and evaluated the attached exa	
above named individual and found him/her to be physically and medically	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERCY (HISTIT SUPNET GUINNOR, M.D.,  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD
, · · · · · · · · · · · · · · · · · · ·	Bare Foot Stripped TYPE  146 cm 62.9 cg A+
OFFICIAL DESIGNATION	DATE EXAMINED
6.1	5.20-20
OFFICIAL DESIGNATION	DATE EXAMINED  5. 20-20