## 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:

Ø	<b>Blood Test</b>
Z,	Urinalysis
Ø	Chest X-Ray
Z	Drug Test

Psychological Test

Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Nan	ne, First Name, Name Extension	n (if any) and Middle Name)	AGENCY / ADDRESS
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ADDRESS	uad offense . Bad	C. L. L. C. L.	ormania in data stratograma kir
1 '	uadolupe Bayb	<u> </u>	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
29	Fomale	Single	Instructor 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  SARAH AURORA W. TABADA, M.D.  Medical Officer III		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
ENCY/Affiliation of Licensed Government Physician:  ENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
	1450.	124.	TYPE	
FICIAL DESIGNATION	Bare Foot  144 C.  DATE EXAMINE	~	Stripped  524.	