## MEDICAL CERTIFICATE

(For Employment)

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- 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 Nam	ne, First Name, Name Exte	ension (if any) and Middle Name)	AGENCY / ADDRESS		
Vist	al, Pearl	Pabroquez	VSU, Baybay City, Loyte		
ADDRESS	To THE PURPLE SECTION AND AND ADDRESS OF A PURPLE SECTION ADDRESS OF A PURPLE SECTION AND ADDRESS OF A PURPLE SECTION AND ADDRESS OF A PURPLE SECTION AND ADDRESS OF A PURPLE SECTION ADDRESS OF A PURPLE SECT				
Caba	s, Baybay (	ity, Leyte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
41	F	Married	Admin Officer 1		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

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 results, personally examined the FIT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LIPPINSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
Christelle Vanus F. Carryon, M.C.	PROPOSED APPOINTEE

Lic. No. 0156881	
AGENCY/Affiliation of Licensed Government Physician:	_

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DATE EXAMINED

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OFFICIAL DESIGNATION

LICENSE NO.

Medical Oppier

10 - 24- 24