## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
OCLARIT, ELVIRA LOPEZ	DPM, VSU,
GUADALUPE, BAYBAY CITY, LEYTE	Vicca, Baybay City,
AGE SEX CIVIL STATUS	PROPOSED POSITION
59 F Married	ASSOC Prox. II
X L X	
FOR THE LICENSED GOVERNME	NT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined to over named individual and found him/her to be physically and medically OFIT / OUNFIT for employment.  SNATURE over PRATED NAME OF LICENSED GOVERNMENT PHYSICIAN:  OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	OTHER INFORMATION ABOUT THE
License No. 098800	
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 1. 13 72 B+
OFFICIAL DESIGNATION	DATE EXAMINED
	11/16/14