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, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
LABISC	ores, Rotsei	Y WAYAS STATE UNIVERSITY		
ADDRESS 20NE (, MAYBAY CITY LEYTE			BAYBAY CITY, LETTE	
AGE 29	SEX	CIVIL STATUS ANGLE	PROPOSED POSITION INSTRUCTOR - (

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically [SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	ts, personally e for employment FORMATION AE POSED APPOIN	OUT THE
MERRY CHRISTIL S. GUINOCOK, MD AGENCY/Affiliation of Licensed Government Physician: VSU - HUSPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDICAL OPPICER-111	7-11-13		