MEDICAL CERTIFICATE

(For Employment)

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	INSTRUCTIONS	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) CETCHA, DENHIS DEL LOTTO ADDRESS C3 DUPLEX, PANGACUGAN, BAYBAY CITY LEYTE AGE SEX CIVIL STATUS PROPOSED POSITION C1 NGLE FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Chief of Hospital AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD TYPE LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD TYPE TYPE LICENSE NO.	b. Attach this certificate to original appointment, transfer and recc. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test	employment.
ADDRESS C3 DUPLEX, PANGACUGAN, BAYBAY CITY, LEYTE AGE SEX CIVIL STATUS PROPOSED POSITION C4 MALE CIVIL STATUS PROPOSED POSITION C1 NGLE CUBSTITUTE WITHOUT FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically AFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Chief of Hospital AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD TYPE Bare Foot Stripped Type IN REIGHT (M) WEIGHT (KG) BLOOD TYPE TYPE LICENSE NO.	FOR THE PROPOSED APPO	INTEE
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	OFFICIAL DESIGNATION	100
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