## 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
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 JACO BE JOVELYN GOFREDO NARC , USU ADDRESS Bryg- Guadalupe, Baylony City, leyte AGE SEX CIVIL STATUS PROPOSED POSITION Married 38 P SRA

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex-	amination result	s nersonally	avaminad the
above named individual and found him/her to be physically and medically	ZEIT / DI INIEIT	for omplement	examined the
CIONATION OF A	ZIII LUNFII	for employme	ent.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
JØSTPAINE O. ZAMCO, M.D.	PROPOSED APPOINTEE		
Medical Officer III	PROPOSED APPOINTEE		
License No. 075699			
ACENICY/Affiliation of the			
AGENCY/Affiliation of Licensed Government Physician:			
TAN HOZP.			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
0 > C - 60	Bare Foot	Stripped	TYPE
075699	150	1	AB+"
OFFICIAL DESIGNATION	152 cm		767
01 10 0 -00	DATE EXAMINED		
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