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

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AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
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ADDRESS	Thread	DULTHIG JK	Vsa	
FICKENTINO	DURAN	BOLASTIG JR		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	

FOR THE LICENSED GOVERNMENT PHYSICIAN

•	DATE EXAMINED		
OFFICIAL DESIGNATION			
	1.40 M	54.5 Kg	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician 1. 1. UNIV. Medical Officer III License No. 111828			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically			