## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and resc. 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 Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name. First Name, Name Extension (if arry) and Middle Name)  Lofa. Lafthin Manifor Labana  ADDRESS  Brzy. Panyasugan, Baybay City, Leifte	AGENCY / ADDRESS
SEX CIVIL STATUS  18 Female Married	PROPOSED POSITION
FOR THE LICENSED GOVERNMEN	T PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached example to be physically and medically and medica	mirration results, personally examined the FIT / □UNFIT for employment.
MERRY CHRIST I SUPPLY GUINOUR, M.D. Medical Officer III License No. 111828  AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
* * * * * * * * * * * * * * * * * * *	
LOFNOF NO	HEIGHT (M) WEIGHT (KG) BLOOD
LICENSE NO.	Bare Foot Stripped TYPE