## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

<ul><li>a. This medical certificate should be accomplished by a licensed government physician.</li><li>b. Attach this certificate to original appointment, transfer and reemployment.</li><li>c. The results of the following pre-employment medical/physical/mental examinations</li></ul>
must be attached to this form:
Blood Test
Urinalysis
Chest X-Ray
Drug Test
☐ Psychological Test
<ul> <li>Neuro-Psychiatric Examination (if applicable)</li> </ul>

## FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
Gum	AMA, ANALYN	MANAGBANAG	PHIL ROOT CROPS		
ADDRESS			USU, visca Baybay lette		
PAI	GASUGAN BA-	10A+ CITY LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
33	<b>*</b>	MARRIED	SPA		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination result <b>☑FIT</b> / <b>☐UNFI</b>	s, personally ex <b>T</b> for employme	xamined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRIST'LT, SUPNET-GUILLOR, M.D.,  Medical Officer No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
	y- 5-18		

BP 100/20 mily