## MEDICAL CERTIFICATE

(For Employment)

1	NS	T	RI	JC	TI	0	N	S

- 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-Ra
Drug Test

Chest X-Ray

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Na	me, First Name, Name Extension	n (if any) and Middle Name)	AGENCY / ADDRESS		
ACILO,	TRACHIA JADE (	CALZADA	S GENETICS, USU		
SAMPAGI	MITA DORMITÓRY	1			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
23	FEMÁLE	ringle			

## FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically	DEIT / DUNFIT	for employmen	nt.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRIST'L T. SUPNET-GUENOCOR, M.D.				
AGENCY/Affiliation of Licensed Government Physician:	in the state of th			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	1346	57 x		
OFFICIAL DESIGNATION	DATE EXAMINED			
	7. 27-21			