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
Ohest 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		
BELLO	, NICK FRED	X PANQUE	Accounting	Divisor	
NAAUUD, UBAGON, SO. LE-TE			ADMIN		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
ST.	MALE	LINGLE	ACCOUNTANT	I	

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	xamination result □FIT / □UNFIT	s, personally e for employmer	xamined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPNET-GUINOLOG, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.40	52.5	13+
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED	
		4-49-21	