## MEDICAL CERTIFICATE

(For Employment)

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- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)					AGENCY / ADDRESS			
PASCUAL	MAY	CERNA			10.4. 1.10	C0		
ADDRESS					vsu, VIS	4,		
UPPER U	TOD, BRGY G	SUADALUPE	BAYBAYC	Ty	BANBAY	CIM		
AGE	SEX	CIVIL STATUS			PROPOSED PO	SITION		
46	F.	SIM	6 LE	A55	ST. PROF	= +		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAM		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE					
MEAN (HILL) (UNI) Medical Of License No.	ficer III		PRO	POSED APPOIN	I I E E		
AGENCY/Affiliation of Licensed	Government Physician:						
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD		
			150 cm	51.7 kg/	O+ "		
OFFICIAL DESIGNATION		* * * * * * * * * * * * * * * * * * * *	DATE EXAMINE	DATE EXAMINED			
				7-23.	2020		
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