## 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, Fir	st Name, Name Extension (i	fany) and Middle Name)	AGENCY / ADDRESS
FLOU	ES MARIA Z	MOA ARRADAZA	
ADDRESS NA	re VSM		VISCA
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
56 y-old	Fendile	Single	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Christelle Venus F, Capung, Mr.  Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
6150 881	HEIGHT (M) WEIGHT (KG) BLOOD TYPE  WEIGHT (KG) BLOOD TYPE  WEIGHT (KG) BLOOD TYPE			
OFFICIAL DESIGNATION  Medical Opprer III	DATE EXAMINED			