## 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
  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	
INSIK,	MARIA, Lob	BYN ANKED	DOPAC, VSU	
BRGY-	KAN-IPA	, BAY MAY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
36	F	M	INSTRUCTOR I	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

		4-20-21		
DFFICIAL DESIGNATION	DATE EXAMINED			
	164.11	54.27	At	
	Bare Foot	Stripped	TYPE N	
ICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
AGENCY/Affiliation of Licensed Government Physician:				
MERRY CHRIST'L T. SUPNET-GNINOCOR, M.D.				
W	1101	TOOLD ALT OIL		
SIGNATURE OVER PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
above named individual and found him/her to be physically and medically	HII / UNFI	Tor employme	ent. 	
I hereby certify that I have reviewed and evaluated the attached ex-				