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	
D	Urinalysis	
9	Chest X-Ray	
	Drug Test	
	Psychological Test	
	Neuro-Psychiatric Examination (if applica	ble)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Exter	sion (if any) and Middle Name)	AGENCY / ADDRESS
SINOH,	FELICIANO	JR, LABRADOR	DABE - YSU
ADDRESS			
APt. 32, k	cilbourne St.,	kru Baybay City, Loyle	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	M	single	Intructor]

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRISTI T. SUPIN GUINOCOR, M.D. Medical Officer HI License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
	1		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
LICENSE NO.			
LICENSE NO. OFFICIAL DESIGNATION	Bare Foot	Stripped	TYPE

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