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
Uripalysis
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)

IGOT TORSO ENDRINA JR

ADDRESS

BRGT. PRICASUGAN PAPBAY CITYLUX BAY CITY Leyte

AGE

SEX

CIVIL STATUS

PROPOSED POSITION

APPRIL DEPTATE

PROPOSED POSITION

APPRIL DEPTATE

AGENCY / ADDRESS

A

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	and ation results, personally examined the □FIT / □UNFIT for employment.
MERRY CHRISTLE, SUPPLE AME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTLE, SUPPLE AMERICAN, M.D., Medical Officer III. AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) Bare Foot Stripped TYPE TYPE O TYPE
OFFICIAL DESIGNATION	DATE EXAMINED