MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	N	S

- 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 Nam	ne. First Name, Name Extension	AGENCY / ADDRESS			
ERM	110, JAY DARK	YL LABRADOR	DPM, VSU, BAYBAYCI		
	ASUGAN, BAY	IBAY CITY, LEYTE	LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
25	MALE	SNGLE	INSRIMITER		

FOR THE LICENSED GOVERNMENT PHYSICIAN

	11-9-dodo			
OFFICIAL DESIGNATION	DATE EXAMINED			
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
AGENCY/Affiliation of Licensed Government Physician:				
MERRY CHRISTIT SUPPLET GUINCOR, M.D., Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN				
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination result	s, personally e for employmer	xamined th	