MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

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, Fir	st Name, Name Extension (i	fany) and Middle Name)	AGENCY / ADDRESS
CAINGO	OY , KIM	BERLY VANZUELA	NOU, BAYBAY CITY,
ADDRESS			VE-TTE
purok	2 BRGY G	ABAS, BAYBAY CITY	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	FEMALE	SINGLE	SRA /CONTRACTUAL

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST'L T. SUPNET VOINOCOR, M.D.			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
LICENSE NO.	- Inches and	, , ,	
DEFICIAL DESIGNATION	Bare Foot	Stripped	