ADDRESS

AGE

MEDICAL CERTIFICATE (For Employment)

-	N	S	-	R	U	C	T	-	0	N	S	

- This medical certificate should be accomplished by a licensed government physician. 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

LOR, LETTY JEAN CAYANONG

mray Pavajosvojan, maybay City Cente

SEX CIVIL STATUS

Psychological Test ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

32	†emale		Marrie	ed	
	FOR T	HE	LICENSED	GOVERNMENT	PHYSICIAN
					nation results, personally examined the / UNFIT for employment.

0156881

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:

AGENCY/Affiliation of Licensed Government Physician:

Usa Hugmotor

1.48 DATE EXAMINED

HEIGHT ON

Bare Foot

Stripped 72.4

BLOOD

TYPE

WEIGHT (KG)

AGENCY / ADDRESS

PROPOSED POSITION

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

TSRDS

OFFICIAL DESIGNATION

LICENSE NO.

Medical Officer III