## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
uld be accomplished by a licensed	gov

a. This medical certificate shou vernment 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	, First Name, Name Extension	on (if any) and Middle Name)	AGENCY / ADDRESS
Toring	Romeo Jr.	Jumao-as	USU-DLABS
ADDRESS		Strong to the committee of the strong transport of the	0300
11 Fabro Hi	ils subdivision, f	usek, Lapu-Lapu City	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
24	Male	single	Instructor 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of License, Covernment Physician			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINE	32/16	