## 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
Urjnalysis
Cnest 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)

AGENCY / ADDRESS

BUSTAMANTE, ROBER ROQUE EBON Visca, Baybay City,

ADDRESS

Kanlaon Graduate Bormstory, Visa Baybaylity leyte

AGE

SEX

CIVIL STATUS

PROPOSED POSITION

Single

## 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	amination result	s, personally e for employmen	examined the
SIGNATURE OVER PRINTED NAME OF LICEN COVERNMENT PHYSICIAN MERRY (HISTLI, SUNFI-GUI) (OR, M.D., Medical Officer HISTLIGHT OF LICENSE No. 111328  AGENCY/Affiliation of Licensed Government Physician.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO	HEIGHT (M) Bare Foot  1. 76 m	WEIGHT (KG) Stripped	BLOOD TYPE <b>O</b> F
OFFICIAL DESIGNATION	DATE EXAMINED	-	

100/59