## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

a. 7	This medical	certificate shou	d be accom	plished by a	licensed	government	physician.
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- 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	e, First Name, Name Extension	AGENCY/ADDRESS  - USu, Visca, Baybay City, leyk	
Sevill	e, Marily Villa		
ADDRESS			
Claro 1	U. Reto St., 201		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
44	Female	Mamied	Adm. Aide III

## 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	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTLE, SUPNEY OF THE LICENSE No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
Mulical Office 14	1-13-20