MEDICAL CERTIFICATE

(For Employment)

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, First Name, Name Extension (if any) and Middle Name) MERAFUENTES, ANDREW CASENS			AGENCY / ADDRESS	
			MEUTANICAN DUGINE	DV WOOD
ADDRESS				to 61 ethns
PANCASUGAN, BAYBAY LUTY, LEYTE				
AGE	SEX	CIVIL STATUS	PROPOSED POS	SITION
26	MATE	SINGLE	IMSTERIOTOR 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e. above named individual and found him/her to be physically and medically \(\mathbb{E} \)	xamination resul □FIT / □UNFIT	ts, personally e for employment	xamined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Christie Verus Como M.C. Lic. No. 0155881 AGENCY/Affiliation of Licensed Government Physician:			
VSM Hospilmi			
U\S GGG	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE A+
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer III 2 August 2024		x 2024	and a material process for the second and a second

10/20