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
 Urinalysis
 Chest X-Ray
 Drug Test
 Psychological Test

■ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, F	irst Name, Name Extension (if	AGENCY / ADDRESS		
Luna	Meriam	Martinez City, Leyle	Visagas State University Visca, Paybay aty, Lufe	
ADDRESS	ga Bouybay			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
48	Female	Married	Admin Stole III	

FOR THE LICENSED GOVERNMENT PHYSICIAN

	2-14-21			A DESCRIPTION OF THE PERSON OF
OFFICIAL DESIGNATION	DATE EXAMINED			
	152	Coky	0/	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
AGENCY/Affiliation of Licensed Government Physician:				
Medical Officer IV License No. 111828	enteres established the second of the second			
MERRY CHRISTLY, SURVEY GUINNOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically and medical	mination resul □FIT / □UNFI CM	ts, personally e T for employme	examined the	d)