MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	N	S

- 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

VALIDA	st Name, Name Extension (if	_	AGENCY/ADDRESS
NARC	IVISCA	10,11	
G2	SEX M	CIVIL STATUS MAPPLED	PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

	×	1-10-19	
OFFICIAL DESIGNATION	DATE EXAMINED		
	165cm	73.4Kg	Ó
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
W05105 NO			
AGENCY/Affiliation of Licensed Government Physician:			
Medical Officer III License No. 111828			
MERRY CHRIST'L T. SUPN A GUINOCOR, M.D.		POSED APPOI	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	1	FORMATION A	
above named individual and found him/her to be physically and medically	SFIT / DUNFIT	for employme	nt.
I hereby certify that I have reviewed and evaluated the attached exa	amination result	s personally	avamined the

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