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 AGENCY / ADDRESS NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Villocini ADDRESS Su AGE CIVIL STATUS PROPOSED POSITION 25 FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically □FIT / □UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE 11- No. 015681 AGENCY/Affiliation of Licensed Government Physician: Von WOHEK LICENSE NO.

0 (076881

Medical officer 111

OFFICIAL DESIGNATION

HEIGHT (M)

Bare Foot

161.2

DATE EXAMINED

21 July

WEIGHT (KG)

Stripped

LIgka

BLOOD TYPE