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, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS			
MORNIAS, NEWTA CUYOS				DEPARTMENT OF HORTICULTURE, YOU		
ADDRESS						
poruy.	CONSDAMPI	E, MAYDDAY CITY, LEYTE				
AGE	SEX	CIVIL STATUS	PR	OPOSED POSITIO	N	
51	FEMALE	MARRIED	SCIENCE	PESEARCH	ASSISTAN	

FOR THE LICENSED GOVERNMENT PHYSICIAN

xamination result	s, personally	examined the
WOW LONEIT	for employme	nt.
OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
142	(J.JZ	D U
DATE EXAMINED		
1-28-79		
	OTHER IN PRO	HEIGHT (M) WEIGHT (KG) Bare Foot Stripped UM (T.JT) DATE EXAMINED

m (20