## MEDICAL CERTIFICATE

(For Employment)

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- 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

	a. First Name, Name Extension	the state of the s			ENCY / ADDRESS  THE WWEREITY
NEGATE UNNERSITY, VICE, BAYDAY CITY, LEYTE		COURSE OF HURSING			
AGE 30	SEX	CIVIL STATUS			POSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

DEFICIAL DESIGNATION	y* * *	O - 19 - 20 20				
DFFICIAL DESIGNATION	,	DATE EXAMINE	91.9	B		
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD		
	r .					
AGENCY/Affiliation of Licensed Government Physician:	g <sup>1</sup>					
License No. 111828	re <sup>1</sup>					
MERRY CHRIST'L T, SUPNET SUINOCOR, M.D.		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				

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