## 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/mental examinations 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		
PAS	ILABXN 1	VOE XRRANGUEZ	VSU-BAYBAY CITY		
ADDRESS					
PR64	LILOANIOF	RMOX CITY-LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
42	MALE	MARRIED	SECURITY GUARD I		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex-	amin <del>a</del> tion results	s. personally e	xamined the
above named individual and found him/her to be physically and medically -			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRIST'L T. SUPNE GUINOCOR, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	190 cm	76 Kg	B+
OFFICIAL DESIGNATION	DATE EXAMINED		
	11-87-18		