MEDICAL CERTIFICATE

(For Employment)

IN	S	T	R	11	C	TI	0	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:

- Consuming		
	Blood	Toot
	DIUUU	IESI

Ufinalysis

Chest X-Ray

Drug Test

☐ Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, Fir	st Name, Name Extension (if a	AGENCY / ADDRESS		
Esca	9, Leonifer	s .	NCO	
ADDRESS		.4	130	
Brey	. Javena Ba	ybay City Leyle		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
35	M	Mariel	Admin Aide I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination result FIT / □UNFIT t	ts, personally e for employmen	examined the t.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: CHERISTELLE CONTROL OF CERTII LICENSED NO. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
VSU HOS PITA				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
Medical Officer 111	3-15	24		

110/70