## 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 Na	me, First Name, Name Ex	AGENCY / ADDRESS	
AC	LILD, VIRGI	LIO CAJERIC	VSU
ADDRESS			BAYBAY CITY LEYTE
B	RGY. BUNGA	,	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
58	M	M	Admin, Aide — 111

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	2-1-21		
OFFICIAL DESIGNATION	DATE EXAMINED		
	lell	7954	00 "
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MEDRY (HDIST) I CUDNA GUNOCOR M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically as SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT DEVICIONAL	DFIT / DUNFI	T for employme	ent.