## 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
Z	Chest X-Ray
Q	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Exter	nsion (if any) and Middle Name)	AGENCY / ADDRESS
CORTE	s, JED ASAPA	T DUATIN	VISAYAR CTATE
ADDRESS			UNIVERSITY
GUADA	ALLINE, BAYR	AY CITY, LEYTÉ	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
31		MAIRIED	INSTRUCTOR 1

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AURORA W. TABADA, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III LICENSE NO. OLD IO  AGENCY/Affiliation of Licensed Government Physician:	Mariana Pari		emphases, and control of the control
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
LICENSE NO.  OFFICIAL DESIGNATION	touche.	Stripped	