## 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 NAME (Last Name, First Name, Name Extension (if any) and Middle Name) AGENCY / ADDRESS MANINGO LYNDON ADDRESS 406 Paril Bilway kabel, leyte AGE PROPOSED POSITION 34 SHGIE FOR, THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically \(\sigma FIT / \subseteq UNFIT for employment.\) SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE V. Yu, M.D. AGENCY/Affiliation of Licensed Government Physician LICENSE NO HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped 10 11 166 OFFICIAL DESIGNATION DATE EXAMINED