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:

0	Blood Test
	Urinalysis
	Chest X-Ray
	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

45	MALE	MARRIED	ADMIN AIDE III		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
ADDRESS PANG	ASUCAN BAYB	my city	VSU BAYBAY CITY		
PIA	D NONY JR	FAELNAR			
NAME (Last Na	me, First Name, Name Exten	sion (if any) and Middle Name)	AGENCY / ADDRESS		

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			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: JOSEPHINE O. ZAFICO, M.D. Medical Officer III License No. 075699	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO. UTJ699	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0 10 6 9 9	176 Cm	80 KGS	At
OFFICIAL DESIGNATION	DATE EXAMINED		
medical officer to	7 17	- 18	