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:

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

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	ne, First Name, Name Extensi	AGENCY / ADDRESS	
Pay	oong Co	incepcion Apa	S VSU / Baybay
ADDRESS			1 0)
PAG	Subd. 1 18	Bray. Cogon, Boy	bay aily
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
47	Female	married	Clinical Instructor

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him to be physically and medically E			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
Barbar CHO			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
67a756	J J	76	AB+
OFFICIAL DESIGNATION	DATE EXAMINED /		
Aledical Officer V	11/17/2022		