## 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 Name, First Name, Name Extension (if any) and Middle Name)  GARFIDO, ROMMEL JR., MADRED JO  ADDRESS  BRGY. MARGOS, BAYBAY OTTY, LEYTE			AGENCY ADDRESS  YISAYAI STATE UNIVERSITY, BAYBAY CITY , LEYTE	
25	MALE	SINGLE		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached a bove named individual and found him/her to be physically and medically	FIT / DUNFIT	ts, personally e for employmen	xamined tr nt
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  MERAY CHRISTLE SUPNET MOCOR, M.D.  Medical Officer III.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician			
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION		DATE EXAMINED  8- 87-19	