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, Fi	rst Name, Name Extension (if	any) and Middle Name)	AGENCY / ADDRESS
SEN	ARA, CIE	LO FLANDEZ	
ADDRESS	e man al fina anni ancione and population and to the ancione and an		NARC, VSU
ZON	E2, BAR	BAY CITY, LEYTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
55	MALE	MARRIED	ADMN, XIDE III

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE THE
LICENSE NO. OFFICIAL DESIGNATION	Bare Foot Stripped TYPE