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 Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
M	words,	Clara Ponce	Vi Cuisas Ante
ADDRESS	0 . /		11 ing och
Upper Guadalupe, Baybay City, leyt			y university
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
52	Female	married	Admin Side VI

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	
MERRY CHRIST'LT, SUPNET GUINOCOR, M.D. Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) Bare Foot Stripped TYPE AU
OFFICIAL DESIGNATION	DATE EXAMINED