## 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)			AGENCY / ADDRESS	
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ADDRESS	remarks de mars a simple contrator and and each contrator as an expense.	enteres entre and security consistent and consistent and accounts and the second and the consistent and account	VISayas State University	
Guadalupe, Baybay City				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
30	Female	Single	Temporary Regular/Instructor	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

	12-1-91		
DFFICIAL DESIGNATION	DATE EXAMINED		
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IIVENSE NV. 1971 tali 18 3 m. 1997 ilgustato par material status particulturas alla memeriali de tem dell'altre delle pers	HEIGHT (M) Bare Foot	Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:			
MERRY (HRIST   T, SUPNE TUNOCOR, N.D. Medical Officer III License No. 111828	PROPOSED APPOINTEE		
SIGNATURE over PRINTED NAME OF LICENCED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically.	rpination result FIT / □UNFIT fo	s, personally e. or employment.	xamined th

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