MEDICAL CERTIFICATE

(For Employment)

INSTRUCTI	0	N	5
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- 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
Uninalysis
Chest X-Ray
Drug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

		ion (if any) and Middle Name)	AGENCY / ADDRESS
GODOY, JEROME, GALVEZ		USh, Visca, Bay bay City,	
	sunguan, Ba	cybay, Leyte	Leyte
36	Male	Mourice	Admin. Aide VI

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	xamination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Medical Officersed Government Physician: AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
	HEIGHT (M) Bare Foot Stripped TYPE 100
OFFICIAL DESIGNATION	DATE EXAMINED

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