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
A	Urinalysis
6	Chest X-Ray
石	Drug Test
	Psychological To

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Extension	(if any) and Middle Name)	AGENCY / ADDRESS		
ADDRESS	na, Meriam	Dean of Students Office, Ven Visca Baybay City,			
Brgy. Bunga Baybay, City Leyfe			Lente Length		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
Ja Female		Marricel			

FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
License No. 156681			
AGENCY/Affiliation of Licensed Government Physician: **TO HOS PITTO** **TO PITTO**	(Australia)		
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
BUSS	Bare Foot	Stripped 7-3	TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
Medial comes "M	17 Dennier 2024		