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	
Bo	rm'as,	Nelita	C.		Dept. Hortreller	
Bry Gradalupe Baybay City					9	
	SEX		CIVIL STATUS		PROPOSED POSITION	
AGE	SEX	CI	AL STATUS		PROPOSED POSITION	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the

Medical Oppia M	DATE EXAMINED			
05681	lsv	ty	0	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
Nov Hospitatu	The same of the sa			
AGENCY/Affiliation of Licensed Government Physician:				
SIGNATURE OVER PRINTED NAME OF LICENIES GOVERNMENT PHYSICIAN: Christolle Venus F. Cappus, N.D. Liegnee No. 156881		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		

110/50