## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS
<ul> <li>a. This medical certificate should be accomplished by a licensed government physician.</li> <li>b. Attach this certificate to original appointment, transfer and reemployment.</li> <li>c. The results of the following pre-employment medical/physical/psychological must be attached to this form:</li> </ul>
Blood Test Urinalysis
Chest X-Ray
☐ Drug Test

## FOR THE PROPOSED APPOINTEE

Psychological Test
Neuro-Psychiatric Examination (if applicable)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS	
M ANAG ADDRESS	BANAG, ARI	VICAYAS STATE		
BRGY. PANGASUGAN PAYBAY CITY, LEYTE			UNIVERGITY	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
39	MALE	MARRIED	V6 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Chief of Hospital Ligense No. 093300  AGENCY/Affiliation of Licensed Government Physician:	me		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	179 cm	87.2 kg	04
OFFICIAL DESIGNATION	DATE EXAMINED		
	9/8/2020		

130/90