MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	0	N	S

- 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:

o ditached 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 Extensi	on (if any) and Middle Name)	AGENCY / ADDRESS				
CAGADAS	ROCHELLE	BERNABE	PHILROUTCHOPS, VSU, BAYBAY CTTY				
ADDRESS		menter and a proposition of the contract of th					
TAMBIS 1,	ST. BERHARD, S	o, leyte .					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION				
27	PEMALE	SINGLE	INSTRUCTOR 1				

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medicall				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTIT, SUPPLY GUINOTOR, M.D., Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT-(KG) Stripped	BLOOD TYPE	
•	160.9	52.2	OT	
OFFICIAL DESIGNATION	DATE EXAMINED			
	9-9-2020			