## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r. c. The results of the following pre-employment medical/physic must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment		
FOR THE PROPOSED APPO	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  DIFO, JOHN MARIN	AGENCY / ADDRESS		
425 N.L. QUETON Street bambam City	DUARS		
22 SEX CIVIL STATUS Simple	PROPOSED POSITION		
FOR, THE LICENSED GOVERNMEN	T PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mi⊭ation result IFIT / □UNFIT	s, personally for employme	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  MERCY (12011 T SIDNET DIMONALITY)  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician.			
LICENSE NO	HEIGHT (M) Bare Foot 173 cm.	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		-,-

7-20-19