MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

a.	This medical	certificate should	be accomplished	by a licensed	l government physiciar	٦.
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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:

Z	Blood Test
1	لاrinalysis
D	Chest X-Ray
	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name	e, First Name, Name Exte	AGENCY / ADDRESS	
CAPUNO	, CHRISTELLE	F VENUS FELICELDA	Von HOSPITAL
ADDRESS			•
197 42			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	F	SINGLE	MEDICA OFFICER III

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically X				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician: USU Hoppital				
098800	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
Chief of Hospital (