MEDICAL CERTIFICATE

(For Employment)

INSTR	UCT	ON	18
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- 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	
BENIT	Et. CECI	40 MONTEROLA	VSU
ADDRESS		TO KIND OF THE MISSION OF MAIN AND DESIGN FOR THE	4,01
KILI	who Baybay	City legte	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
59	M	SINGLE	ADM. XIDE 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED AME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	- Dm Am J		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE AB
OFFICIAL DESIGNATION CONT)	DATE EXAMINED 3/19		
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