MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- 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, Fir	st Name, Name Extension (if	AGENCY / ADDRESS		
NAPOLES	HOMER	VSU, Visca, Baybay		
ADDRESS		- Control of the cont		
GABAS, B	AMBAM CITY	City, lente		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
30	MALE	MARRIED	SCHOOL CREDITS EVALUATOR	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically and medical	mination result	s, personally for employme	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN MERRY CHRISTLT, SUPPLY WINOCOR, M.D. Medical Officer III AGENCY/Affiliation of Licensed Government Physician.	OTHER IN	FORMATION A POSED APPOI	BOUT THE
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	169cm	92 Kg	8+
OF TOTAL BEOLOGATION	DATE EXAMINED	0	
9-21-19			