## MEDICAL CERTIFICATE

(For Employment)

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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:

LI DIVUU I es		Blood	Tes
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☐ 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)		(if any) and Middle Name)	AGENCY / ADDRESS	
Varron	Anna Beth,	Brogy. Pangasugan		
	andhao Bougba	y City, Yugti	Bouybouy City, Tugte Visayas State University	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
27	Female	single	Regular Femp.	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex- above named individual and found him/her to be physically and medically	xamination results, personally examined the □PIT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	- W
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED