

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, First Name, Name Extension (if any) and Middle Name) LLANO, ALPIE T.			AGENCY / ADDRESS 1550, BAYBAY CITY LEYTE
ADDRESS PANGASUGAN BAYBAY CITY LEYTE			
AGE 42	SEX MALE	CIVIL STATUS MARRIED MARRIED	PROPOSED POSITION ADMIN AIDE 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found <u>him</u> /her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Mary Cristina S. Cruz		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO. 11421	HEIGHT (M) Bare Foot 188.40	WEIGHT (KG) Stripped 101.14	BLOOD TYPE 0+
OFFICIAL DESIGNATION	DATE EXAMINED Nov-27-23		

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