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)			AGENCY / ADDRESS	
ESCASI DI	4s, RUTH		B. A. A. F. F.	
ADDRESS Purth a Habra, Baytry City, Leyte AGE ISEX ICIVIL STATUS			Bayong City, Leyli	
64	F	Married	Perperson V	

FOR THE LICENSED GOVERNMENT PHYSICIAN

W dw	10-4-11		
OFFICIAL DESIGNATION	DATE EXAMINE	D	
117631	1.47	54.8	B
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
Vw			
AGENCY/Affiliation of Licensed Government Physician:	and a second second		
ming crisis of comm			
SIGNATURE OVER PRINTED NAME OF EIGENSED GOVERNMENT PITTSICIAN.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically high signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	FIT / DUNFIT fo	or employment.	