## 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	
SEMBL	ANTE, OLIV	ER DANIOT		
ADDRESS			VSU	
GABAS, BAYBAY CITY				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
37	MALE	SINGLE	INSTRUCTOR	

## 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	amina <del>t</del> ion result ☑FIT / □UNFIT	s, personally of for employme	examined the nt.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST'L T, SUPNET-GUINOCOR, M.D.			
AGENCY/Affiliation of Licensed Government Physician:	and the second		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	161	by	At
OFFICIAL DESIGNATION	DATE EXAMINED		
	6-22-21		