MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	11	C	T	10	N	S

- 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	e, First Name, Name Extensio	AGENCY / ADDRESS		
PON	ICE ROG	VSIA - Vicca		
ADDRESS	ery and according to the control of		1301 - 11850	
Brai	y Marcos	Baybay City Leate		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
60	Wale	Widow	Administrative AM V	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically				
SIGNATURE over PRINTED NAME OF CENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRIST'L T, SUPNE GUINOCOR, M.D. Medical Officer III AGENCY/Affiliation of Licensed Covernment Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	lesco	88W	r.00	
OFFICIAL DESIGNATION	DATE EXAMINED			
	(2-12-2021		