## 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
GUARTE, ALAM		ALAN	MASION	VSU, VISCA, BAYBAY
ADDRESS	Antonia Sila	na Namen and Namen and Associated and the second an	the Destroyment when arranged experiences and the second	CITY LEYTE
59	H.	CRUZ,	BAYBAY CIT	7
AGE	SEX		CIVIL STATUS	PROPOSED POSITION
96		MALE	MARRIED	WELDETL 11

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination result	s, personally e	xamined the
above named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	CAN CAN	for employme	ent.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (MRSTLT, SUPNET GUINOCA, M.D.,  Medical Officer III  License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE
	164.3cm	85 kgs	D
OFFICIAL DESIGNATION	D		
	2-18-27		