LICENSE NO.

OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and reer c. The results of the following pre-employment medical/physical/pmust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	mployment.
FOR THE PROPOSED APPOI	NTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
GLORY, JUNYLYN ROMEA	Pilo Laure
ADDRESS BRGY PANGASUGAN, BAYBAY CITY	PhilRost Crops
AGE SEX CIVIL STATUS	PROPOSED POSITION
26 FEMALE SINGLE	SRA
•	
FOR THE LICENSED GOVERNMENT	PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached exam above named individual and found him/her to be physically and medically DE	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERY (HIST I, SUPPLIFIED MARKET PHYSICIAN: Medical Office III License No. 111828 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

130/80

BLOOD

TYPE

0

WEIGHT (KG) Stripped

TV. 18

12-16-2020

HEIGHT (M) Bare Foot

144.5 cm

DATE EXAMINED