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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

medical offoler

Chest X-Ray
Drug Test

Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

J. 9-dg

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AGE	SEX	CIVIL STATUS	PROPOSED POSITION
51	M	Married	SRA

FOR THE LICENSED GOVERNMENT PHYSICIAN

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I hereby certify that I have reviewed and evaluated the attached ex	amination results, personally examined the	
above named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	FIT / DONFIT for employment.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
MEDDY CUDICTY T CHONET CHEMPCOD AS PO		
MERRY CHRISTI, SUPNET-GUINCOR, M.D. Medical Officer IV License No. 111828		
AGENCY/Affiliation of Licensed Government Physician:		
You Hamital		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD	
11828	Bare Foot Stripped TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED	