AGE

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 ESPINIOSA ANTENIO ADDRESS CIVIL STATUS SEX PROPOSED POSITION DITION FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically FIT / UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:

OTHER INFORMATION ABO OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Mony CNU/23, Gum AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) BLOOD WEIGHT (KG) Bare Foot Stripped TYPE At 167cm 65 OFFICIAL DESIGNATION DATE EXAMINED

8. 30-22