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	
BANDE, RHODE	ORA ABALAJEN	DIAGO	
NSU Baybay City, Leyle		DLABS	
AGE SEX	CIVIL STATUS	PROPOSED POSITION	
51 F	Married	Asso Prof 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

	7 0 cholen 2022			
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
AGENCY/Affiliation of Licensed Government Physician:			BL OOD	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: (Christelle Venus F, Capuno, M.D. Lic. No. 0156881	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically			xamined the	