## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
<ul> <li>a. This medical certificate should be accomplished by a licensed government physician.</li> <li>b. Attach this certificate to original appointment, transfer and reemployment.</li> <li>c. The results of the following pre-employment medical/physical/psychological must be attached to this form:</li> <li>Blood Test</li> <li>Urinalysis</li> </ul>	
☐ Chest X-Ray ☐ Drug Test	
☐ Psychological Test	
☐ Neuro-Psychiatric Examination (if applicable)	
FOR THE PROPOSED APPOINTEE	

NAME (Last Name,	First Name, Name Extension	on (if any) and Middle Name)	AGENCY / ADDRESS
BAJAS	, NIKKI	CORALES	Dept. of Tourism Q
ADDRESS			Hospitality Management
Sunflou	er Ladies D	ormitory, Vicca, Baybay City	Visca, Baybay City
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	F	married	Temporary - Regular

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	
LICENSE NO.	HEIGHT (M) Bare Foot	Stripped	BLOOD TYPE
LICENSE NO.  OFFICIAL DESIGNATION	Bare Foot		

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