MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	1	N	S	T	R	U	C	T	IC	N	5
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- 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, I	First Name, Name Extension ((if any) and Middle Name)	AGENCY / ADDRESS		
GERET	GEREMO, PENEZ BANLUTA		Mc Hope STATE		
ADDRESS			UISAYAS STATE WIVERS		
GAO	BAS, BAYMAY L	LITY, COYTE	- DEPAPTITIENT OF ANIMAL		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
22	rate 5	SINGLE	SUBSTITUTE DUSTRUCTOR		

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO. Chief of Hospital License No. 098800	HEIGHT (M) WEIGHT (KG) BLOOD TYPE Stripped WEIGHT (KG) BLOOD TYPE			
OFFICIAL DESIGNATION	DATE EXAMINED			