## 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 Nam	ne, First Name, Name Extension	AGENCY / ADDRESS			
CAI	NGCOY , KIME	SERLY VANZUELA	NSU, NISCA, BAIBAI		
ADDRESS					
BRGY. 1	KILIM, BA-1BA	Y CITY, LETTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
29	FEMALE	SINGLE	SCIENCE RESEARCH ASSISTANT		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have re above named individual and found h					
SIGNATURE over PRINTED, NAME OF L	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
LIEEnse N					
AGENCY/Affiliation of Licensed Govern	ment Physician:		10 No. 0 (10 No. 0		
V3 U	Husp 15m				
LICENSE NO.			HEIGHT (M)	WEIGHT (KG)	BLOOD
LN 828			Bare Foot	Stripped	TYPE
Cot & L8			146	CY	A
OFFICIAL DESIGNATION	DATE EXAMINED				
medval	Oppion	W	12-674		

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