AGE

50

SEX

M

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 POLE, LUCIO JR. CARTA ADDRESS Ycu HIPUSNED, BAYBAY ONY BRGY. LEYTE

FOR THE LICENSED GOVERNMENT PHYSICIAN

MARRIED

CIVIL STATUS

above named individual and found him/her to be physically and medical of the physical of the	OTHER IN	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
OFFICIAL DESIGNATION Medical Oppier III	DATE EXAMINE	DATE EXAMINED		

Mp: 120/80 mm/Hey

PROPOSED POSITION

CASUAL