## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  Fent an dex, Errol C.  ADDRESS  For balacan, Banbay City, left	AGENCY / ADDRESS
AGE SEX CIVIL STATUS	PROPOSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

Mounica

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO. 098866	HEIGHT (M) WEIGHT (KG) BLOOD Stripped Stripped Stripped
OFFICIAL DESIGNATION	DATE EXAMINED
CHIEF OF HOSPIAN I	7-4-25