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 Extens	AGENCY / ADDRESS	
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ADDRESS			overage and the second
Norcissa	Compound,	Candadam, Baybay G	ty
AGE	SEX ^J	CIVIL STATUS	PROPOSED POSITION
62	M	M	Professor 11

FOR THE LICENSED GOVERNMENT PHYSICIAN

FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	xamination result	s, personally e for employme	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus, 14,0,	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Lic. No. 0156881			
AGENCY/Affiliation of Licensed Government Physician:			
USHER USU			
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE		
0146881	+ SSCM	Stripped (e2kg	TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer III	14 April 2024		