Revised 2017

AGE

35

SEX

F

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	3	
a. This medical certificate should be accomplished by a li b. Attach this certificate to original appointment, transfer a c. The results of the following pre-employment medical/pl must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	and reemployment.	
FOR THE PROPOSED A	PPOINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS	
Salar, Jan Ana Masendo		
ADDRESS Guadalupe, Baybay City, Lyk	VSU Hospital	

FOR THE LICENSED GOVERNMENT PHYSICIAN

CIVIL STATUS

Married

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
JOSEPHINE Q. ZAFICO, M.D. Medical Officer III AGENCY/Affiliation of Scensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	140 Cm	644	d'A,
OFFICIAL DESIGNATION	DATE EXAMINANTE STAD		

470-109 Ces

PROPOSED POSITION

**

Nurse