MEDICAL CERTIFICATE

(For Employment)

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- 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
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- Urinalysis
- Chest X-Ray
- Drug Test
- ☐ Psychological Test
 ☐ Neuro-Psychiatric Examination (if applicable)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Gabrillo, Christina ADDRESS BACHELORS APT # 75, VSU BRBY, PANGA SUGAN BAY BAY CITY WITT AGE SEX CIVIL STATUS PROPOSED POSITION MARRIED AGENCY / ADDRESS VSU, Brayy, Panga sugar, Byba Gib, Gybt PROPOSED POSITION PROF V

FOR THE PROPOSED APPOINTEE

FOR THE LICENSED COVERNMENT PHYSICIAN

FOR THE LICENSED GOVERNMEN	I PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically □F			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	1	ORMATION A OSED APPOI	
AGENCY/Affiliation of Licensed Coming No. 10 saysician:			
VISHYMS STATE UNIVERSITY ADOCPITAL			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.6 M	106 kgs	0
OFFICIAL DESIGNATION	DATE EXAMINED	3/1/2	Y