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) ORIA (REYMAR CATADMA) ADDRESS			Lollege of Education				
				FARMERS \	MUAGE #4,V	IISLA IBAYBAY CITY	
				AGE	SEX	CIVIL STATUS	PROPOSED POSITION
29	M	MARIRIED	Instructor III				

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

License No. 111

LICENSE NO.

111828

lles

HEIGHT (M)

Bare Foot

WEIGHT (KG) BLOOD Stripped TYPE 91-6

OFFICIAL DESIGNATION DATE EXAMINED

Medical

4-24-24