## 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
Irinalysis
Chest X-Ray
Prug Test
Psychological Test
Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Na	ame, First Name, Name Extension	n (if any) and Middle Name)	AGENCY / ADDRESS	
MUERN ADDRESS	6 NE , UES 10FL L	UFRANG CO	JUCA, BAYBAY UTY, LEYTE	
no de DEC	IETUBRE ST. ZONE 23	, BAYDAY CITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
28	FEMALE	MARRIED	ADMINISTRATIVE NIDE III	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

GHT (M) re Foot - 40 m EXAMINED	WEIGHT (KG) Stripped 42.5kg	BLOOD TYPE A+
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CUT I	WEIGHT	PLOOP
PROPOSED APPOINTEE		
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