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

	e, First Name, Name Exter	AGENCY / ADDRESS		
ADDRESS	BANAS, AKC	SAYBAY CUY, LETTE		
PANCASUGAN				1 BATBAT CITY, 477E
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
40	MALE	MARRIED	security sward	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	mination resul	ts. personally e	examined the
above named individual and found him/her to be physically and medically above named individual and found him/her to be physically and medically above named individual and found him/her to be physically and medically above named individual and found him/her to be physically and medically above named individual and found him/her to be physically and medically above named individual and found him/her to be physically and medically and medically are also as the found him/her to be physically and medically and medically are also as the found him/her to be physically and medically and medically are also as the found him/her to be physically and medically are also as the found him/her to be physically and medically are also as the found him/her to be physically and medically are also as the found him/her to be physically and medically are also as the found him/her to be physically and medically are also as the found him/her to be physically and medically are also as the found him/her to be physically and medically are also as the found him/her to be physically as the found him/her to be	SFIT / DUNFI	T for employme	nt.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MERRY CHRIST LT. SUPPLET GUA DOCOR, M.D.			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	182	89	
OFFICIAL DESIGNATION	DATE EXAMINED		
	1-20 - 2021		

MEDICAL CERTIFICATE

TO WHOM IT MAY CONCERN:

This is to certify that patient: Mondhorag Frence, y.o. 47
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on Jan W 70:24
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· NEPMOSCUQU
- H-MONTENOUI
DISPOSITION:
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- LOSWANT AMMORPHO SO/S GD
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- Condition Check CD & 3 miles
This certification issued upon the request of above patient for whatever purpose it may serve. The serve of the serve of above patient for whatever purpose it may be serve.
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serve.
T 6- 5-51
Issued this JAN. 30 2021 at BAYBAY CITY, LEYTE.

DR. MONICO J. CARAWANA JR.

INTERNAL MEDICINE LICENSE NO. 091298 PTR NO. 3766542