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/mental examinations 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)		nsion (if any) and Middle Name)	AGENCY / ADDRESS		
YEGA,	MARK GIL	ARDIENTE	CTIZEVINU STATE CAVAZIV		
ADDRESS	A THE COURT OF THE	NATIONAL CONTRACTOR OF THE CON			
BRGU.	GUAPALUPE B	MY BAY , CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
25	MALO	SINGLE	INSTRUCTOR 1		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above 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		
AGENCY/Affiliation of Licensed Government Physician:			
*	. 5		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	169 cm	81.5 legs	At
OFFICIAL DESIGNATION	DATE EXAMINED		
	11- 20-17		

120/50 minta