MEDICAL CERTIFICATE

(For Employment)

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)		y) and Middle Name)	AGENCY / ADDRESS	
INSIK, MARIA ROBELYN AUREO DOPAC, VISAYAS S' UNIVERSITY			DOPAC, VISAYAS STATE	
ADDRESS			3111	
BRGY. KAN-IPA, BAYBAY CITY, LEYTE		Y, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	FORMATION AB	OUT THE	
SARAH AURORA W. TABADA, M.D.	PRO	PROPOSED APPOINTEE		
Medical Officer III				
AGENCY/Affiliation of Licensed Government Physician:	n / manufacture			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE	
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