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, Firs	st Name, Name Extension	AGENCY / ADDRESS			
GABUNADA	, LOURD	FRANZ, M.	ACAUINTA	VCu	
70 Kilbourn	, Drive, 1	vsa, Pada	City, Ceyle	730(
AGE	SEX	CIVIL STATUS		PROPOSED POSITION	
36	ngle	Manied		Associate Professor /	

FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION			DATE EXAMINE	DATE EXAMINED		
	(1)	828	174	ldeh		
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	WY	Hospital				
AGENCY/Affiliation of L	icensed C	overnment Physician:	au the proposition of the control of			
		al Officer bi No. 111828	A COUNTY OF A COUNTY OF A COUNTY			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:			W. W. L. W.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify bove named individ	that I hau ual and f	ave reviewed and evaluated the atta ound <u>him</u> /her to be physically and me	iched examination results dically-117/ UNFIT fo	r, personally e. r employment.	xamined th	