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	e, First Name, Name Extensio	AGENCY / ADDRESS	
COV	SICO, MARY	ANN G.	
ADDRESS 99 W	arner Apt. V	lisca, Baybay City, Ley	le
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
43	F	Simple	Assistant Professor 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

Medical Officer III	1-4-281		
OFFICIAL DESIGNATION	DATE EXAMINE	D 0	
0156 881	157 cm	Ste Kly	K
DITTORIN	Bare Foot	Stripped	TYPE
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
NO Hospital			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO. CIOCOSA			
CHRISTELLE VENUS F. C PUNO, M.D.	PROPOSED APPOINTEE		
	OTHER INFORMATION ABOUT THE		
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF CALL SOUTH GOVERNMENT PHYSICIAN:	ZFIT / DUNFIT fo	or employment.	

Molto