## MEDICAL CERTIFICATE

(For Employment)

	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	STATE OF THE PARTY	THE RESIDENCE PROPERTY AND ADDRESS OF THE PERSON NAMED IN	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	Name and Address of the Owner, where the	DESCRIPTION OF THE PERSONS NAMED IN
INSTRU	JCTION	S				
<ul> <li>a. This medical certificate should be accomp</li> <li>b. Attach this certificate to original appointm</li> <li>c. The results of the following pre-employment</li> </ul>	ent, transfer	and reer	mployment.	sician.		
	ent medical/	physical/	sychological			
must be attached to this form:		9				
Blood Test						
Urinalysis						
Chest X-Ray						
Drug Test						
☐ Psychological Test						
Neuro Psychiatric Examination (i	if applicable	1				

## FOR THE PROPOSED APPOINTEE

Neuro-Psychiatric Examination (if applicable)

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
Tumu	lak Jefrey	M	VSV		
ADDRESS P	ray: Gvarfal	upe Baybay City Leyte			
	5)	of company only which	4		
AGE 22	SEX	CIVIL STATUS	PROPOSED POSITION		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

MERRY CHRISTLE, SUPPLY GUILLOCK, M.D.  Medical Officer III  License No. 111828		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:	,				
LICENSE NO.	4	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	BD-130/
OFFICIAL DESIGNATION	, 15	DATE EXAMINED 06 - 08 - 2020			