## 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:

H	Blood	Test
		1001

- 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)		sion (if any) and Middle Name)	AGENCY / ADDRESS		
OR AHO	, PAMELA	POSAS			
ADDRESS  BRBY. MARCOS, BAY BAY  AGE SEX CIVIL STATUS			OAC, USU		
		BAY BAN			
		CIVIL STATUS	PROPOSED POSITION		
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## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically in the second sec	xammation result	s, personally e or employment	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
MERRY (HRISTLT, SUPNET-GUINONR, M.D. Medical Officer III License No. 111828	PROF	POSED APPOIN	ITEE
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	1.52 M	72.56	
OFFICIAL DESIGNATION	DATE EXAMINED		
	9-29-22		