MEDICAL CERTIFICATE

(For Employment)

INSTRUCTION	18
a. This medical certificate should be accomplished by a b. Attach this certificate to original appointment, transfec. The results of the following pre-employment medical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	er and reemployment. //physical/ psychological
FOR THE PROPOSED A	APPOINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
IMBONG, JERRY ADDRESS Bray. Eilin, Baybay City	Vsa
AGE SEX CIVIL STATUS	PROPOSED POSITION
44 M Married	Arsy- Prof. II
FOR THE LICENSED GOVERN	NMENT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attach above named individual and found him/her to be physically and med	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIA MERRY (HRISTIT, SUPNET GUNOUR, M.D. Medical Officer Hr License No. 111828	N: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD
111828	Bare Foot Stripped TYPE 168.5 62.5 AB+
OFFICIAL DESIGNATION	DATE EXAMINED
Medical Officer III	8.20-2020