MEDICAL CERTIFICATE

(For Employment)

١	IN	S	T	P	11	CI	110	7 1	d I	C
ı	1 1/1	-		_					ч.	

- 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
 - Blood Test
 Urinalysis
 Chest X-Ray
 Drug Test
 Psychological Test
 - ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Na	me, First Name, Name Extension	(if any) and Middle Name)	AGENCY / ADDRESS		
BEN	cure, Jannet	COLUBIO	You.		
ADDRESS			VSU		
Apt 30, \	ISU				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
42	Female	Married	Assoc. Prof I		

FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION	10 October 2072/			
OFFICIAL PERIONATION	1.53	72	0	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
AGENCY/Affiliation of Licensed Government Physician:	MODELLO TO			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	/			