Revised 2017

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

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<ul><li>a. This medical certificate should be accomplished by a licensed government physician.</li><li>b. Attach this certificate to original appointment, transfer and reemployment.</li><li>c. The results of the following pre-employment medical/physical/mental examinations</li></ul>	
must be attached to this form:	
Blood Test	
Urinalysis	
Chest X-Ray	
☐ Drug Test	
☐ Psychological Test	
<ul> <li>Neuro-Psychiatric Examination (if applicable)</li> </ul>	
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## FOR THE PROPOSED APPOINTEE

NAME (Last Name	, First Name, Name Extension	AGENCY / ADDRESS	
SALL	CO REME	GIO MAMQLE	VSU, BAYBAY CITY
APT, 92 KILBOURNED DRIVE, VSLI BAYBAY CITY, LEYTE			7 FELLE
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
62	MALE	MARRIED	ADM. ASST. V

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically		
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
MERRY (HRISTLT, SUPNET-GUIN (COR, M.D.  Medical Officer IX)  License No. 111828  AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE	By-
OFFICIAL DESIGNATION	DATE EXAMINED	1
	2-19-18	