MEDICAL CERTIFICATE

(For Employment)

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- 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:

e attached to this form:					
	Blood Test				
	Urinalysis				
	Chest X-Ray				
	Drug Test				
	Psychological Test				
	Neuro-Psychiatric Examination (if applicab	le)			

FOR THE PROPOSED APPOINTEE

NAME (Last Name, Fir	st Name, Name Extension (if	AGENCY / ADDRESS	
M	MAGBANAG,	ARACEH M.	
ADDRESS			V8U
J. A. Santos	St., Baybay	City, legts	V
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
G2	F	Married	Admin. Aide

FOR THE LICENSED GOVERNMENT PHYSICIAN

,							
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically AFIT / UNFIT for employment.							
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: JOSEPHINE OF ZAFICO, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE						
Medical Officer III License No. 075699		,					
AGENCY/Affiliation of Licensed Government Physician:	1						
ASM HOSEIAM							
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE				
075699	151 cm	59.416	" A's				
OFFICIAL DESIGNATION	DATE EXAMINED						
Medical Offici m	5/29/19						