MEDICAL CERTIFICATE

(For Employment)

1	IN	S	T	R	U	C	T	10	N	C

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

FOR THE PROPOSED APPOINTEE

NAME (Last Nan	ne, First Name, Name Exter	AGENCY / ADDRESS			
STA. I	GLESIA, MAI	LILOU LABANA	VSII Bullow City		
ADDRESS		von , earland cold,			
BR64. F	PANGASUGAN (VSU, Baybay lity, Lujte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
61	F	MARRIED	AA III		

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LUCENSED GOVERNMENT PHYSICIAN: CHRISTELLE VENUS F. CANDU, M.D. MEDICAL OFFICEA III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
LICENSE NO. 0156881					
AGENCY/Affiliation of Licensed Government Physician:					
USU Haspital					
LICENSE NO.	HEIGHT (M)	WEIGHT (KG) Stripped	BLOOD		
062981	1,52 m	58.6 Kgs	O		
OFFICIAL DESIGNATION	DATE EXAMINED				
Medical Oppicer II	1/4/2024				