MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and resc. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.	ysician	
FOR THE PROPOSED APPO	INTEE		
IAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS		
ARTIGA, EDILBERTO JR. II ACASTO	IHK, VSU Baybay		
DDRESS 1352, ZONE 2, Broy. Guadalupe, Boybay City,	City	, luyte	9
GE SEX CIVIL STATUS	PRC	POSED POSIT	ION
28 MARRIED	INSTRA	NOOR	1
FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exambove 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		
Chief of Hospital			
AGENCY/Affiliation of Licensed Government Physician:	,		
AGENC TAINIALION PELICENSEU GOVERNINEN ETIYSICIAN.	1		
Courte i Amiliation pi cicarised Government Physician.			
ICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
License No. 098800	HEIGHT (M) WEIGHT (KG) BLOOD		
	HEIGHT (M) Bare Foot 1-72m	WEIGHT (KG) Stripped	BLOOD TYPE