MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS

- 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 Name, Fi	rst Name, Name Extensio	n (if any) and Middle Name)	AGENCY / ADDRESS
FLORES, MARIA ZAIDA A. ADDRESS ADDRESS ADDRESS			VSM Bay bay City Cente
NA	NARC, USA / Zone of Baybay Goy Legge		C y egg.
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
54y old	Female	Single	Admin-Ande TI

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:		
CICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stropped TYPE	
DFFICIAL DESIGNATION	DATE EXAMINED	
medical oppion III	12/13/21	

Class C: T/c Type 2 Diabetes mellitur