## 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:

Urinalysis Chest X-Ray Drug Test

Blood Test

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

TRI	JYA R	IZALINA	576
ADDRESS			— DIE
J. P. LA	UREL ST	, ZONES, BAYBAN CITY	y
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
61	F	Married	Assoc. Prof 5

## FOR THE LICENSED GOVERNMENT

I hereby certify that I have reviewed and evaluated the attached exa	mination results, personally examined the
above named individual and found him/her to be physically and medically Laf	TT/ □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HASTER) SUPPLY S	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

VSu (tospital

111626

Bare Foot

DATE EXAMINED

HEIGHT (M)

Stripped

WEIGHT (KG)

AGENCY / ADDRESS

BLOOD TYPE Bn 130/90

OFFICIAL DESIGNATION

LICENSE NO.

medical officer II

04/25/24