## 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:

Blood Test
Urinalysis

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

Chest X-Ray
Drug Test

Medical Oppier 11

Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

MAZO, AM	VALYN ME	NDOZA	Mr. Baylony City Leyte			
ADDRESS			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
Duplex H	2, V8U, B	aybay City, legte				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION			
5	+	Married	Pry. 4			

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically 2						
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:    MANY (HASTIT SUPPLY OF MI)   Predical Officer (II   License No. 111128		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:						
VSU Hospital						
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE			
OFFICIAL DESIGNATION	DATE EXAMINE	Ö				

110/7

AGENCY / ADDRESS