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, First Name, Name Extension (if any) and Middle Name) | | | AGENCY / ADDRESS | |
|---|--------|--|-------------------|--|
| DELIMA, GINA ABRED | | | ISRDS | |
| ADDRESS | | The second secon | | |
| BRGY. BUASONG, BAYBAY CITY, LEVIE | | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | |
| 31 | FEMALE | SINGLE | | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| | 1-17-2021 | | | |
|---|-------------------------|-------------------------|---------------|--|
| OFFICIAL DESIGNATION | DATE EXAMINED | | | |
| | 162 c | 61-92 | AJ" | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| v . | | | | |
| ACENO ITAMINATOR OF CHOSPICE OF SOCIALIDATE OF YSICIALI. | Į. | | | |
| Medical Officer III AGENCY/Affiliation of General Government Physician: | | | | |
| MERRY CHRIST'L T. SUPNET GUINOCOR, M.D. | | | | |
| | PROPOSED APPOINTEE | | | |
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATIO | | | N ABOUT THE | |
| I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically | AFIT / DUNFIT | for employmen | nt. | |