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

41	Female	married	Instructor I
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
Cordova, Julie Ann Sales ADDRESS 30 de Deciembre St. Baybay			V SU
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the

above named individual and found him/her to be physically and medically	□FIT / □UNFIT for employment.	
SIGNATURE over PRINTED NAME OF LICENAED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
MERRY CHRIST'L T, SUPNET-GUIN CO R, M.D.		
AGENCY/Affiliation of Licensed Government Physician:		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE	LA -
	147 714. b	1 -
OFFICIAL DESIGNATION	DATE EXAMINED	
	4-26-21	