MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	1	N	S	T	R	U	C	T	1	0	N	S
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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
Chest X-Ray
Drug Test
Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

		n (if any) and Middle Name) NA PASCUÁ	7L		AGENCY/ADDRESS
ADDRESS	GUADALU	DE, DAYBAY	CATY	· · · · · · ·	
AGE 46	SEX F	CIVIL STATUS	12		PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED AGENCY/Affiliation of Licen	lwin Jak	Yu, M.D.	PHYSIC	CIAN		FORMATION AB POSED APPOIN	The state of the s
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LICENSE NO	-1				HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
					171 cm	67 Kgs.	0
OFFICIAL DESIGNATION			(1)	rt i	DATE EXAMINE		
		4.			8/1	4/2	