MEDICAL CERTIFICATE

(For Employment)

| INSTRUCTIONS | |
|---|---|
| a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physics must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | eemployment. |
| FOR THE PROPOSED APPO | INTEE |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) ADDRESS | AGENCY / ADDRESS |
| Brow Hibunawan, Baybay City | WM, VISCA, Bayban, City |
| AGE SEX CIVIL STATUS Male M | PROPOSED POSITION Admin. Aide VI |
| FOR THE LICENSED GOVERNMEN | IT PHYSICIAN |
| I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically | amination results, personally examined the FIT / □UNFIT for employment. |
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F, Caputo Mo. Lic. No. 0156881 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |
| AGENCY/Affiliation of Licensed Government Physician: | |
| DIGU 887 | HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE |
| OFFICIAL DESIGNATION | DATE EXAMINED |
| Medical Oppour III | (-16 21) |