MEDICAL CERTIFICATE

(For Employment)

IN	ST	R	U C	ΤΙ	0	N	S

- 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

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

- ☐ Urinalysis ☐ Chest X-Ray ☐ Drug Test
- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

Gapa	sin, Cicdelle t	VSV		
ADDRESS				
Apt - 3	ny kilbourne St.	Wo My Byangen		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
40	P	Marriel	Misistant Professor 1	

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 AFIT / UNFIT for employment.							
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE						

AGENCY/Affiliation of Licensed Government Physician:

098800

DATE EXAMINED

4-29-24

WEIGHT (KG)

Stripped

100

HEIGHT (M)

Bare Foot

155

AGENCY / ADDRESS

BLOOD TYPE

OFFICIAL DESIGNATION

LICENSE NO.

COMET OF HISPITAL