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/mental examinations must be attached to this form:

0	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 Exter	AGENCY / ADDRESS		
PALERMO	LAPY FATIMA CASES		Phillroot coops, USU	
ADDRESS				
PR69	CANDADAM	PAMBAM CIM LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
34	F	5	Instructor I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

2		7-12-18	
OFFICIAL DESIGNATION	DATE EXAMINED		
	155	toky	A
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:	7		
Many Madical Officer III License No. 111828			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	ZFIT / DUNFI	T for employme	ent.