## 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
BALONDO	, ERN OLIVE	Dac Wil Main			
ADDRESS			DBS-VSU Main		
GABAS, BAYBAY, LEYTE			Banbay		
AGE 0.1	SEX	CIVIL STATUS	PROPOSED POSITION		
24	M	SINGLE	Instructor		

## FOR, THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically.	mination result	s, personally of for employme	examined the nt.
MERRY CHRISTILT, SUPNE AGUINOCOR, M.D.  MERRY CHRISTILT, SUPNE AGUINOCOR, M.D.  Medical Officer III  AGENCY/Affiliation of Cicensed Government Physician		FORMATION A POSED APPOIN	
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	162cm	86.9Kg	A+
OFFICIAL DESIGNATION	DATE EXAMINED		
	3-18-10		