## MEDICAL CERTIFICATE

(For Employment)

INCTRUCTIONS	
I N S T R U C T I O N S  a. This medical certificate should be accomplished by a licer	nsed government physician.
<ul> <li>b. Attach this certificate to original appointment, transfer and</li> <li>c. The results of the following pre-employment medical/phys</li> </ul>	reemployment.
must be attached to this form:  Blood Test	
☐ Urinalysis☐ Chest X-Ray	
☐ Drug Test ☐ Psychological Test	
☐ Neuro-Psychiatric Examination (if applicable)	Wo day to a train
FOR THE PROPOSED APP	MO amy food MICNIT
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ABAPO JANE M.	//GENOT///BBRESS
ADDRESS	-
C. M. Recto St. Baybay C., Ly te	
AGE SEX CIVIL STATUS	PROPOSED POSITION
77 F M	
FOR THE LICENSED GOVERNME	NT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	xamination results, personally examined the □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTI T. SUPNET-GIRNOCOR M.D.	OTHER INFORMATION ABOUT THE
Medical Officer III License No. 111828	PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M)   WEIGHT (KG)   BLOOD
	Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
	11-12-19