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:

	donou to and tollin
E	Blood Test
	Urinalysis
	Chest X-Ray
	Drug Test
	Developing Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	e, First Name, Name Exten	AGENCY / ADDRESS		
	, RAFFY AN	DREW GARCIA	DEPARTMENT	
ADDRESS	and and the first property of the control of the co	of civil engineering		
AFT 84, 1	cirronidae 21	, USU, BATBAY CITY, LETTE		
AGE SEX		CIVIL STATUS	PROPOSED POSITION	
31	M	SINGLE	TUMP/REG - INSTRUCTOR	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically Z			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
MEAN LINDING VOIDVON, May Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.69	78.7	
OFFICIAL DESIGNATION	DATE EXAMINED		
	1-7-2022		