## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and recomplete to the following pre-employment medical/physic must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Bandalan, Marcho Y Perez	Visca, Bryy. San Isido
Bray. San Isida Baybay City, layte	Baybay City, layte
46 Male CIVIL STATUS  Mamed	Admin. Aide VI
FOR THE LICENSED GOVERNMEN  I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically.	mindian
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  ELWIN GLOVE, VIJ, MD, MPH,  CHOSE OF HOSPITAL    LICENSE NO. 098000	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE  WO Sty J - always
AGENCY/Affiliation of Licensed Government Physician:	Anxit Ahh
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED  9/7/23