## 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

AGE <b>ár</b>	SEX <b>±</b>	CIVIL STATUS	PROPOSED POSITION  Sci. Aide	
Pangasugan, Panybi			PRCRTC	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  DACERA, RESA M.			AGENCY / ADDRESS	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

DATE EXAMINE	Coy, y	Ud
\$3 C	64.4	Ud
Bare Foot	Stripped	TYPE
UEICUT an	WEIGHT WO	BLOOD
ve		
OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
	PRO HEIGHT (M)	PROPOSED APPOINT  HEIGHT (M)   WEIGHT (KG)