## MEDICAL CERTIFICATE

(For Employment)

	INSTRUC	TIONS			
b. Attach this of c. The results must be attach limited by the control of the con	al certificate should be accomplisicertificate to original appointment of the following pre-employment ned to this form:  and Test all yest all yest ychological Test	transfer and reen	nployment		
□ Ne	uro-Psychiatric Examination (if a		NITEE		
NAME	FOR THE PROPOS	SED APPOI		ENOV (ADDDE	00
NAME (Last Name, First Name, Name Ext		AGENCY / ADDRESS			
ADDRESS BRGY. BUNGA	ety, the varie		PHILE	260TOROPS	
AGE SEX CIVIL STATUS			PROPOSED POSITION		
G4 FEMALI	******	SRAid			
	HE LICENSED GO	e attached exami	ination result	ts, personally e	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTLE, SUPNET OF NOCOR, M.D.  Medical Officer III  License No. 111828			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed G	overnmeht Physician:				
LICENSE NO			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION			DATE EXAMINED 5- 27-20		