MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS	3
	a. This medical certificate should be accomplished by a lib. Attach this certificate to original appointment, transfer a c. The results of the following pre-employment medical/primust be attached to this form: Blood Test	and reemployment
	☐ Neuro-Psychiatric Examination (if applicable)	
	FOR THE PROPOSED AF	POINTEE
NAME (Last Name,	FOR THE PROPOSED AF First Name, Name Extension (if any) and Middle Name)	POINTEE AGENCY/ADDRESS
	FOR THE PROPOSED AF	
ADDRESS	FOR THE PROPOSED AF First Name, Name Extension (if any) and Middle Name)	
ADDRESS	FOR THE PROPOSED AF First Name, Name Extension (if any) and Middle Name) O, GLENOA LORAINE SUMIPO	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (KRISTIT, SUPNET-GUNOVER, M.D., Medical Officer III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
		J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DI 000
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD