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	SEX	CIVIL STATUS	PROPOSED POSITION	
BRGY GUADAMPE, BAY DAY CITY, LEGITE				
	MAY ANN E	BAYBAY CITY, LEYTE		
04171 1441 1441 7441			1. C) - A - MOLA MARCH	
	e, First Name, Name Extens	AGENCY / ADDRESS		

FOR THE LICENSED GOVERNMENT PHYSICIAN

	10-4-2622		
OFFICIAL DESIGNATION	DATE EXAMINED		
117421	157 cm	50des	At
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
AGENCY/Affiliation of Licensed Government Physician:		Tw/EIOLE -	PL COD
	PRO	POSED APPOIN	TEE
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
above named individual and found him/her to be physically and medically M: A CAM THE ALL DIVISIONS SIGNATURE TO SERVICE THE STATE OF	DEIT / DUNFIT fo	or employment.	xamined the