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:

Bloc	d Test
Urin	alysis
Che	st X-Ray
Drug	g Test
☐ Psy	chological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS	
CANO, ALLAN N.		DWATH, CAS, UKU	
ADDRESS			
Bry.	sta. Cruz	Daybay City	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
35	M	Single	Asst. Prof 1

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the

above named individual and found him/her to be physically and medically □AFIT / □UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Lic. No. 0156883 AGENCY/Affiliation of Licensed Government Physician: BLOOD LICENSE NO. HEIGHT (M) WEIGHT (KG) TYPE Bare Foot Stripped 58 161 DATE EXAMINED OFFICIAL DESIGNATION

8-19-W

BP 120/50