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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Chest X-Ray Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

VISCA, BAYBAY CITY, LEYTE
(NSTRUCTOR II)
PROPOSED POSITION
Netructor III

FOR THE LICENSED GOVERNMENT PHYSICIAN

	I hereby certify that I have reviewed and evaluated the attached exan	nination results, personally examined the	
	above named individual and found him/her to be physically and medically 🖵 🗗 / 🗆 UNFIT for employment.		
	SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE	

PROPOSED APPOINTEE

WEIGHT (KG)

Stripped

41-8

AGENCY / ADDRESS

AGENCY/Affiliation of Licensed Government Physician:

0756 887

UD

HOSPI TAL

148 DATE EXAMINED

HEIGHT (M)

Bare Foot

TYPE DT

BLOOD

OFFICIAL DESIGNATION

LICENSE NO.

Medical Officer

5-6-24