LICENSE NO.

OFFICIAL DESIGNATION

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 NAME (Last Name, First Name, Name Extension (if any) and Middle Name) AGENCY / ADDRESS ESTRUCIOS. MARIA FOTTIMA BOTTOL OUPRE ADDRESS BRGY, MORCOS, BOYBOY CMU AGE SEX CIVIL STATUS PROPOSED POSITION 20 M ruence tide 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 ∠ FIT / □UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE MERRY CHRIST'L T. SUPNET-GUINOCOR, M.D. Medical Officer III AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

Bare Foot

DATE EXAMINED

150

WEIGHT (KG)

Stripped

1-7-2022

BLOOD