## MEDICAL CERTIFICATE

(For Employment)

| INSTRUCTIONS   | ARTHUR AND                          |
|--|---|
| a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | eemployment.  |
| FOR THE PROPOSED APPO  | DINTEE  |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  Cortex Armel S.  ADDRESS  Bry. Hlapmitan Baybay City Lyk  | AGENCY / ADDRESS  |
| AGE SEX CIVIL STATUS   | PROPOSED POSITION   |
| FOR THE LICENSED GOVERNMEN   | IT PHYSICIAN  |
| I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically   | amination results, personally examined the FIT / □UNFIT for employment. |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERY (HAISTIT, SUPPLIFYED AND Medical Officer VII License No. 111828  | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE                          |
| AGENCY/Affiliation of Licensed Government Physician:   |   |
| LICENSE NO. 111828   | HEIGHT (M) WEIGHT (KG) BLOOD  Bare Foot Stripped TYPE  168 C 0 +        |
| OFFICIAL DESIGNATION   | DATE EXAMINED   |

1-16-24

Medical Oppicer 111