CS Form	No.	21
Revised 20	18	

MEDICAL CERTIFICATE (For Employment)

1	N	S	T	R	11	C	T	1	0	N	S

a. This medical certificate should be accomplished by a licensed government physician.
 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

ADDRESS DONA TELESFORA, TUBAT, A-GUSAN DEL NORTE

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)

30	F	MARLIED	PROPOSED POSITION
	FOR THE	LICENSED GOVERN	MENT PHYSICIAN
I hereby above named	certify that I have re individual and found I	eviewed and evaluated the attache nim/her to be physically and medica	ed examination results, personally examined the ally ☑FIT / □UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:

SAJULGA MIRA LUNA

AGENCY/Affiliation of Licensed Covernment Physician:

HEIGHT (M) Bare Foot

WEIGHT (KG)

OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY / ADDRESS

WHER USM

BLOOD TYPE

01 56881

1.465 M

Stripped 57.50 Kgs

At

OFFICIAL DESIGNATION

LICENSE NO.

MEDICAL OFFICER III

DATE EXAMINED

7/19/2024