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Female

## MEDICAL CERTIFICATE

(For Employment)

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 / AD

## NAME (Last Name, First Name, Name Extension (if any) and Middle Name) GUMBA, MICHELLE ESTOY ADDRESS Brgy. Patag, Baybay City, Leyte AGE | SEX | CIVIL STATUS | PROPOSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

Science Aide

Married

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically			
SIGNATURE OVER PRINTED NAME OF LIGENSED GOVERNMENT PHYSICIAN:  SARAH AURORA W. TABADA, M.D.  Medical Officer III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED  3-24-22		