## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license 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)	employment.
FOR THE PROPOSED APPO	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  Sta. Iglisia Marilon Labana  ADDRESS  Pangasugan, Baybay City, Lugti	Baybay City, Luxte
AGE SEX CIVIL STATUS	PROPOSED POSITION
56 F M	Casual
	74
FOR THE LICENSED GOVERNME	NT 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 <b>FIT</b> / <b>UNFIT</b> for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
MERRY CHRISTLT, SUPNET-GUI OCOR, M.D.  Medical Officer VII  License No. 111828	PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED