MEDICAL CERTIFICATE

(For Employment)

Manual A	N	S	T	R	U	C	T	1	0	N	S

- 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

ist be at	tached to this form:		
D	Blood Test		
	Urinalysis		
	Chest X-Ray		
	Drug Test	*	
	Psychological Test	*	
	Neuro-Psychiatric Exar	mination (if applicabl	e)

FOR THE PROPOSED APPOINTEE

Control of the Contro	St Name, Name Extension (if DELFIN UR.		AGENCY/ADDRESS
ADDRESS GB3 A BI	864- STO. ROS	ARIO BAYBAY CITU, LEVIE	Umitersity
AGE 29	SEX M	CIVIL STATUS SNOE	PROPOSED POSITION INCHORAGE

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliati	on of Licensed Government F	Physician:					
LIGENIOE NIC		2 00-2008 A H-06-000 E 1-200-00-0	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD		
LICENSE NO.	14 8 28	4	162	81	↑ T		
OFFICIAL DESIG	<u> </u>	*		81	\A [↑]		

DF: 120