MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
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- 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:

ttached 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 Exten	sion (if any) and Middle Name)	AGENCY / ADDRESS
G	J+N=NO	, TEOFILO C	
ADDRESS	BRGY.	HITZUNAWAN	VSV
AGE 51	SEX M	CIVIL STATUS MANUED	PROPOSED POSITION ADM. AID = IM

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination results □FIT / □UNFIT	s, personally e for employmen	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRIST'LT, SUPAN, GUINOCOR, M.D., Medical Officer III License No. 11828 AGENCY/Affiliation of Licensed Government Physician:	OTHER IN	FORMATION AE POSED APPOIN	BOUT THE
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	IN IN
OFFICIAL DESIGNATION	DATE EXAMINED	1-21-19	