ADDRESS

41

MALE

AGE

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS 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 / ADDRESS Hone Lione City Nasanz SEX PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

SINGLE

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus F. Capuno, M.D. Lic. No. 0156881		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 Medical Officer III		DATE EXAMINED		