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 APPOINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) JUALO, JUNE CARLO, BA CALA ADDRESS LONGY, MAASIN CITY, JOUTHERN LEYTE	Department of Pure Applied Chemistry
AGE SEX CIVIL STATUS	PROPOSED POSITION
23 MALE SINGLE	Instructor I (Substitute)
FOR THE LICENSED GOVERNMENT PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically DFIT / DUNFIT for employment.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: LIVING AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
CONSE NO OFFICIAL DESIGNATION	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 172 a 64.44 AF DATE EXAMINED
	DATE EXAMINED

hold