## MEDICAL CERTIFICATE

(For Employment)

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)

Monda | Hernando L,

ADDRESS

Purolc I Brax. Pangarugan Boylory City, Lake VSY Main

AGE SEX/ CIVIL STATUS PROPOSED POSITION

47 Male Married Associate Frof 11

## FOR THE LICENSED GOVERNMENT PHYSICIAN

OFFICIAL DESIGNATION	3 October 2027		
	LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped
AGENCY/Affiliation of Licensed Government Physician:			
Lic. No. 0156881			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically			xamined the