## 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

ISPA ADDRESS	St Name, Name Extension (if SEL, ANTONII)  YBAY CITY	AGENCY/ADDRESS  VISAYAS STATE UNIVERSAT,  VISCA, BAYBAY CITY	
AGE 49	SEX FEMALE	CIVIL STATUS WIDOW	PROPOSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically the with the control of the cont			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTI I, SUPNET MOUOR, M.D.  Medical Officer III  License No. 111828  AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		

BOMNY