MEDICAL CERTIFICATE

(For Employment)

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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: 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 BALDONADO, CHRUTIAN VIE PADUANO CRIE WIVERENTY **ADDRESS** CITY, LEYTE BROY. COMBLE DULAG, LEYTE AGE SEX CIVIL STATUS PROPOSED POSITION 34 MAPPIED INSTRUCTOR I 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 \(\overline{\textit{TFIT}} \subseteq \overline{\text{UNFIT}}\) for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE AGENCY/Affiliation of Licensed Government Physician: LICENSE NO. HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped VTYPE 85 kg 177cm OFFICIAL DESIGNATION DATE EXAMINED d- 15-