## 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Drug Test ☐ Psychological Test

Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

1255	tor, CHRIST	AN MIKHAGL D.	SAU
ADDRESS	6. 654	, BAGBAGGY LE	THE
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
32	Mole	Single	40 11

## FOR THE LICENSED GOVERNMENT PHYSICIAN

Christelle Versus F. Caguna, M.D.	PROPOSED APPOINTEE				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE				
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 AFIT / UNFIT for employment.					

AGENCY/Affiliation	of	Licensed	P	6464156	Ht	Physician:

LICENSE NO.

OFFICIAL DESIGNAT

	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.72	76	0+
TION	DATE EXAMINED		

officer medical 111

11-21-2024

AGENCY / ADDRESS

120/80 mm 149