## 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

	First Name, Name Extens	sion (if any) and Middle Name)	VSU / Visca, Raybay City,	
BRGY. MARCOS, BAYBAY CITY, LEYTE			leute	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
40	M	\$	1 NSTRUCTOR 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached above named individual and found <a href="https://him/her.to.be.physically">him/her to be physically and medically</a>	examination result	ts, personally e for employmer	examined the	
SIGNATURE OVER PRINTED NAME OF ICENSED GOVERNMENT PHYSICIAN:  ###################################	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
	Loran	JIJKX	ABT	
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
	8-19-19			