MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	1	N	S	T	R	U	C	T	1	0	N	5
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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, Fin	st Name, Name Extension (if	any) and Middle Name)	AGENCY / ADDRESS		
CAVITE,	FRANCE ALLA	<u> </u>			
ADDRESS VISCA BA	BHY CITY, L	T-1F			
AGE	ISEX	ICIVIL STATUS	PROPOSED POSITION		
29	WALE	SINGLE	NSTRUCTOR 1		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I hav above named individual and for	e reviewed and evaluated the attached e and him/her to be physically and medically	xamination result ☑FIT / ☐UNFIT	s, personally e for employmen	examined the		
SIGNATURE over PRINTED NAME MERRY (LRI) Merry Lice	1	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Go	overnment Physician:					
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped G9.7	BLOOD TYPE		
OFFICIAL DESIGNATION		DATE EXAMINED	2-18-2020			