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

NAME (Last Name)	First Name Name Fitze	i (fi 3 10 fi 10 b)		1051001110000000
MAP	SLA, Rev	ion (if any) and Middle Name),		Visagos State University
ADDRESS 30 d	le Deciemb	re St., Mayban	City,	Visch , Maybay City, Leyte
AGE SS	SEX	CIVIL STATUS Widow	el	PROPOSED POSITION Pegravar III

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAM	17	ENT PHYSIC	IAN:		FORMATION AL	7	
IVIE	dical Officer III	g v		PRO	POSED APPOIN	NTEE	
GENCY/Affiliation of Licensed	Government Physician:						
		Y.		8			
ICENSE NO.		1 1	1.1.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE B+	
DFFICIAL DESIGNATION				DATE EXAMINED			
			1 1	7-14-20			