## 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 Extension (if any) and Middle Name)			AGENCY / ADDRESS		
MINO ZA,	SUSANA	VSU, VISCA,			
ADDRESS		VOUL ALDON			
CAN-ADIENG, ORMOC CITY			BAYOAY		
AGE 37	SEX	CIVIL STATUS W DO W	PROPOSED POSITION		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa	amination result	ts, personally	examined the
above named individual and found him/her to be physically and medically	SFIT / DUNFIT	for employme	nt.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY CHRISTIT, SUPPLY VINOCOR, M.D.  Medical Officer III  License No. 1 1828  AGENCY/Affiliation of Licensed Government Physician.	OTHER IN	FORMATION A POSED APPOII	BOUT THE
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
2-8		2-24-19	