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 Nam	ne, First Name, Name Exte	ension (if any) and Middle Name)	DEPARTMENT OF AGRONOMY		
CAGAN	IDE , LORE	EME, SILMARO			
ADDRESS			KCU		
SAN ANT	TONIO, DUERO	, BOHOL			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
25	F	5	SUBS. INSTRUCTOR I		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/ <u>her</u> to be physically and medically.			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jawwu, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Chief of Hospital License No. 098800	, ~		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	153 cm	SOLKE	
OFFICIAL DESIGNATION	DATE EXAMINED		
		8.9-19	