MEDICAL CERTIFICATE

(For Employment)

| - 1 | N | S | T | R | U | C | T | 10 | N | S |
|-----|---|---|---|---|---|---|---|----|---|---|

- 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: F Blood Test
- Urinalysis Chest X-Ray Drug Test
 - Psychological Test Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

| INAIVIE (Last Name, F | First Name, Name Extension (if | AGENCY / ADDRESS | | |
|-----------------------|--------------------------------|------------------|-------------------|--|
| PASA, JA | NET ODICTA | | | |
| ADDRESS | | | - V8U | |
| BRGY. H | 6410-AN BAY | BAY GIM, LEYTE | | |
| AGE SEX C | | CIVIL STATUS | PROPOSED POSITION | |
| 33 PETMALE | | MARRIED | ADMIN AIDE IV | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached example. | | | | | |
|---|-----------------------------|--|--|--|--|
| above named individual and found him/her to be physically and medically 🗗 FIT / 🗆 UNFIT for employment. | | | | | |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE | | | | |

License No. 111828

LICENSE NO.

PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M) Bare Foot 1-910

WEIGHT (KG) Stripped

BLOOD

OFFICIAL DESIGNATION

DATE EXAMINED