ADDRESS

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AGE

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 BALOTOL, RUBEN, JR GBRAR PUPOR 2 GABAS BAYBAY UTY, LOTTO SEX CIVIL STATUS PROPOSED POSITION M SINGLO

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Chief of Hospital AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT T PROPOSED APPOINTEE
	,
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLC Bare Foot Stripped TY
OFFICIAL DESIGNATION	DATE EXAMINED