MEDICAL CERTIFICATE

(For Employment)

| INSTRU | CTIONS |
|---|--|
| a. This medical certificate should be accomp b. Attach this certificate to original appointme c. The results of the following pre-employme must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (in | ent, transfer and reemployment. Int medical/physical/mental examinations |
| FOR THE PROPO | SED APPOINTEE |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | AGENCY / ADDRESS |
| PALERMO, ALDRIN RUBI | VSU , Visca . Boughay , Leyte |
| ADDRESS | D 1 1 |
| #24 A. MABINI ST. BAYBAY, LEYNE | |
| AGE SEX CIVIL STATUS | PROPOSED POSITION |
| 33 M Single | Instructor I |
| · . | 7.0 |
| FOR THE LICENSED G | OVERNMENT PHYSICIAN |
| I hereby certify that I have reviewed and evaluated above named individual and found https://example.com/her-to-be-physically | the attached examination results, personally examined the and medically \(\subseteq \mathbf{FIT} \/ \subseteq \mathbf{UNFIT} \) for employment. |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMEN | T PHYSICIAN: OTHER INFORMATION ABOUT THE |
| MERRY CHRIST'L I, SUPNET-GIONOCOR, M.D. Medical Officer III License No. 111828 | PROPOSED APPOINTEE |
| AGENCY/Affiliation of Licensed Government Physician: | |
| * | |
| LICENSE NO. | HEIGHT (M) WEIGHT (KG) BLOOD |
| | Bare Foot Stripped TYPE |
| OFFICIAL PERIONATION | 172 cm 75.5kg B+ |
| OFFICIAL DESIGNATION | DATE EXAMINED |
| , | 9-14-18 |
| | |