MEDICAL CERTIFICATE

(For Employment)

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	b. Attach this cert	ertificate should be accomplished by a ificate to original appointment, transfer the following pre-employment medical/p to this form:	and reemployment.
	☐ Blood ☐ Urinal ☐ Chest ☐ Drug ☐ Psych	Test ysis X-Ray)
	F	OR THE PROPOSED A	PPOINTEE
NAME (Last Name,	First Name, Name Extensi	AGENCY / ADDRESS	
MAGNO,	JESUSA MI	ACALINAO	
ADDRESS		VSU-BALBA-/	
TAGAK	CARIGARA	, LEYTE	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
64	F	MARLYED	AGOC- PROF. 11
	FOR TH	E LICENSED GOVERN	IMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	examination result	ts, p ers onally e for employment	xamined the		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
Chlof of Hespital I License No. 094400 AGENCY/Affiliation of Licensed Government Physician: VISA-IASO STATE UNIVEY IT HOSPITAL					
LICENSE NO. D9880 0	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped (3-8 H)	BLOOD TYPE		
OFFICIAL DESIGNATION	DATE EXAMINED				
CHIEF OF HOSPITAL 1		13/2	3		