MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	1	O	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:

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

Blood Test ☑ Urinalysis Chest X-Ray

Drug Test ☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

AGENCY / ADDRESS

BLOOD

FL	annez,	DEAN RUFFEL RED	MA Visca, Pangasusan,
ADDRESS		*	
874-A	A-MABINI S'	T. BAYBAY CITY	Baybay City, Leyte
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
34	M	SINGLE	Assistant Prof. 111

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: ELWIN AWV. YU. MB. MPH. CHIEF OF HOSPITAL I LICENSE NO.098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	

LICENSE NO.

HEIGHT (M) WEIGHT (KG) Bare Foot Stripped Cha I OFFICIAL DESIGNATION