## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

a. This medical certificate sh	rould be accomplished by a	licensed government physician.
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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		
DAGANTA, RENATOIR. ACABO		ACABO	College of Veterinory Redicine	
ADDRESS				
Brox. Solvang So., monorgon Fostern Sandr		an Fostern Samar		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
28	Male	Sivoje		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically &			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Original Paris F. Cover, M.O. Uc. Ho. 0155881			
AGENCY/Affiliation of Licensed Government Physician:			
VSU UF 17 FVC	nonada, es es es		
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
0156881	1.68 m	90 togs.	\$ 5.5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
OFFICIAL DESIGNATION .	DATE EXAMINED		
Medical Officer 11	3 pres	my	