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/mental examinations must be attached to this form:

	Blood	Test
	Urinal	ysis
0	Chest	X-Ra

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)			AGEN	AGENCY / ADDRESS		
	LUCIO J	NSV	BATRA			
HIPUSNEO PUNONG BATRAT CITY			CITY	VEYTE		
AGE	SEX	CIVIL STATUS	PROPO	OSED POSITION		
44	MALE	MARRIED	CONV MAI	n Forman		

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	amination result ☑ FIT / ☐ UNFI	ts, personally e T for employme	xamined the ent.	9
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY (HRISTLT, SUPNET-GUNOCOR, M.D. Medical Office III License No. 111828	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	rsp
	1.61	44.2	0	120/80 mmf
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
	1-9-18			