

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS


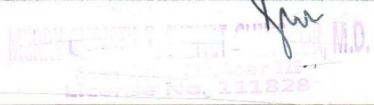
- a. This medical certificate should be accomplished by a licensed government physician.
 b. Attach this certificate to original appointment, transfer and reemployment.
 c. The results of the following pre-employment medical/physical/mental examinations must be attached to this form:

- ☐ Blood Test
☐ 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
BAGARINLO EDWIN VEGA			NARC VSO
ADDRESS BRGY MARCO BAY CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
J2	M	MARRIAGE	ADMINISTRATIVE AIDE I

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found <u>him</u> /her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
 			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.			
OFFICIAL DESIGNATION		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped
		1.65 m	80.5 kg
		BLOOD TYPE	
		DATE EXAMINED	
		12-19-17	