MEDICAL CERTIFICATE

(For Employment)

DI C	TO	11	OT	10	O IA
NS	IK	U			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: ☐ 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	
GULLES, JOHN ALLAN ALAYON			VSU / VISCA, BAYBAY	
ADDRESS			CITY, LEYTE	
GABAS, BAYBAY CITY, LETTE		DLE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
23	MALE	SINGLLE	Instructo & I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
me			
HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
DATE EXAMINED			
	HEIGHT (M) Bare Foot	HEIGHT (M) WEIGHT (KG) Bare Foot Stripped J- 6-1 M 59 KGS.	