MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS		
a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form: Blood Test	d reemployment.	
FOR THE PROPOSED APP	POINTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS	
Baudalan havin barro ADDRESS San Ishn, Bayloy City Legt	Viso ras State Universi	Y
AGE SEX CIVIL STATUS		
ISEX CIVILSTATUS	PROPOSED POSITION	
30 M Manyied	Admin - Aile IV	
	Admin AL IV ENT PHYSICIAN examination results, personally examine	
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached endove named individual and found him/her to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH ALROPA W. TABADA, M.D. Medical Officer III Vicense No. 20153 UT	Admin AL IV ENT PHYSICIAN examination results, personally examine DFIT / DUNFIT for employment. OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE HEIGHT (M) WEIGHT (KG) BLOCK	HE OD
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached enbove named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AURORA W. TABADA, M.D. Medical Officer III Vicense No. 20153 UT AGENCY/Affiliation of Licensed Government Physician:	Admin Ale IV ENT PHYSICIAN examination results, personally examine DFIT / DUNFIT for employment. OTHER INFORMATION ABOUT TH PROPOSED APPOINTEE HEIGHT (M) WEIGHT (KG) BLOG Bare Foot Stripped TYP	HE DD E
FOR THE LICENSED GOVERNME I hereby certify that I have reviewed and evaluated the attached endove named individual and found him/her to be physically and medically signature over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AURORA W. TABADA, M.D. Medical Officer III Vicense No. 20153 UT AGENCY/Affiliation of Licensed Government Physician:	Admin AL IV ENT PHYSICIAN examination results, personally examine DFIT / DUNFIT for employment. OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE HEIGHT (M) WEIGHT (KG) BLOCK	HE DD E