MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and reer c. The results of the following pre-employment medical/physical/pmust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	mployment.
FOR THE PROPOSED APPOI	NTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ADDRESS Grabas, Baybay	DFST
AGE SEX CIVIL STATUS	PROPOSED POSITION
45 F M	Instructor 1
FOR THE LICENSED GOVERNMENT I hereby certify that I have reviewed and evaluated the attached example to prove named individual and found him/hors to be appreciable and reviewly.	ination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Christelle Venus 1, Caputa M.D. Lic. No. 0156884	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
UICENSE NO. 0 15 6 88 1	HEIGHT (M) WEIGHT (KG) BLOOD TYPE Stripped TYPE
OFFICIAL DESIGNATION Medical Officers III	PATE EXAMINED

130-130/94