## MEDICAL CERTIFICATE

(For Employment)

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- 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

Orinalysis
Chest X-Ray

☐ Drug Test

☐ Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Nar	me, First Name, Name Exten	AGENCY / ADDRESS		
ENAY	1A, BELJUN	DLAGS, VSU, BAYBAY CITY		
ADDRESS			BAYBAY CITY	
PANO	GASUGAN, B	MYBAY CITY		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
30	M	MAPRIED		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found <u>him</u> /her to be physically and medically					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
MERRY CHRISTI T. SUPNET SUNOCOR, M.D. Medical Officer III License No. 111828	general for the desire of makes, the desire for the first of the second cold for the makes and the	ry veneralite Dispersión emperatur (D+ massa illus a annualite a			
AGENCY/Affiliation of Licensed Government Physician:					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE PH		
OFFICIAL DESIGNATION	DATE EXAMINED	7/19	12 '		