MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	Т	1	0	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-R Chest X-Ray

☐ Drug Test

Psychological Test

Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Na	ame, First Name, Name Extension	on (if any) and Middle Name)	AGENCY / ADDRESS		
ACILO	, TRISHIA JADE	CALZADA	PARG, VSU, Brey Pangasha		
POBLACION AUDIENA, LEYTE			Day Lay, City Leyte		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
21	FEMALE	UNGUE	INSTRU CTOK		

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTTILITY	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE					
AGENCY/Affiliation of Licensed Government Physician:		h					
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE				
OFFICIAL DESIGNATION	DATE EXAMINE	35.3V					