## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- 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:

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D	Blood Test
Ø	Urinalysis
Ø	Chest X-Ray
Z	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	
GAMOTIN	GRACIELLE DAN	VISAYAS STATE		
ADDRESS	A Distriction of the series of contrast, in a maked below I injury and a company register to g			
ZONE S	S, M.H. DEL PI	UNIVERSITY / VSV, BAYBAY		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
27	F	SINGLE	PNITRULTOR	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: SARAH AURORA W. TABADA, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED		
100 miles   100 mi	6-24-22		

mm 100