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:

Blood Test
Urinalysis
Chest X-Ray
Drug Test
Psychological Test

☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

NAME (Last Name, Firs	st Name, Name Extens n fuentes	AGENCY/ADDRESS VSu HOSPITAL		
ADDRESS Bob Pangasugon				
AGE 24	SEX	CIVIL STATUS Si-sir	PROPOSED POSITION Temporary Regular The fructor I	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached enabove named individual and found him/her to be physically and medically a	xamination result ՃFIT / □UNFIT f	s, personally e for employment	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician: Merry Christ'l Sypnet-Gninecor			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.67 pm	7910	At
OFFICIAL DESIGNATION	DATE EXAMINED		
Medical Officer (1)	7.7.27		