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 Nam	e, First Name, Name Exten	AGENCY / ADDRESS	
TULIA), EA KIRISTI	NE CLARISSE BAUTISTA	Visayas stati
ADDRESS			
Presiden	t's Lottage,	University	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
24	F	Single	Justinelox I

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination result ☑FIT / □UNFIT	s, personally e.for employmen	xamined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRIST'L T. SUPVET-GUINO COR. M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Medical Officer III License No. 111828			
AGENCY/Affiliation of Licensed Government Physician:	5500 ST-00		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	1.53	42-9	
OFFICIAL DESIGNATION	DATE EXAMINED		
MEDICAL OFFICER III	1- 2- 20 2a		