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/mental examinations 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, First Name, Name Extension (if any) and Middle Name)				AGEN	AGENCY / ADDRESS	
151W	6SON AR	OLE PA	LER	VSV	BAY BAY	
ADDRESS TAB-	ANG, BAY	BAY C1	TY LEYTE	0197	LEYTE	
AGE	SEX	CIVIL STATUS		PROPO	PROPOSED POSITION	
46	MALE	MARRIED		PORMAY	PUMBER	

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 with the him to be physically and the him to be physica	amination result □FIT / □ UNFI	s, personally e f for employme	xamined the ent.	
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: MERRY CHRISTILT, SUPNET-GUINO OR M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
	1.70	78.2	A	
OFFICIAL DESIGNATION	DATE EXAMINED			
	1-01-18			