MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS				
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.			
FOR THE PROPOSED APPO	DINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AG AG	AGENCY / ADDRESS		
Lagitat, Ocnel Ann Logica	NCRCV - VSU			
NSW Viska, Baybay City, Leyte				
AGE SEX CIVIL STATUS	PROPOSED POSITION			
26 Female Single	Science	Reserva	1 18813ta	
FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN		
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination result FIT / □UNFIT 1	s, personally e for employment	xamined the	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician: MERRY CHRISTY & GUILLE				
LICENSE NO. MEDICAL OFFICERIII LICENSE NO. 117828	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINE	D		
	1			