## MEDICAL CERTIFICATE

(For Employment)

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a. This medical	certificate should	be accomplished	by a licensed	government	physiciar
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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:

naot be attached to this to
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)			AGENCY / ADDRESS		
Samutan, Bun Daniel Namoc			00°, USN		
ADDRESS					
	Yaleneid,	Bohol			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
24	M	Single	Instructor I		

	FOR THE	LICENSED	GOVERNMEN	NT PHYSI	CIAN		
above named inc	lividual and found h	im/her to be physic	ated the attached exactly and medically				
SIGNATURE OVER PRINTED NAME OF LOCKYSED GOVERNMENT PHYSICIAN:  CHRISTELLE VENUE (PROCESSED)  MEDICAL CEPTCO (PROCESSED)				OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation	of Licensed Govern	212000					
UM	Hospital						
LICENSE NO.	11-(.4/)		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
0/5(88)				1.635	70.05	At	
OFFICIAL DESIGN	DATE EXAMINED						
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