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	t Name, Name Extension (if a	AGENCY / ADDRESS	
ESTO	1, LUCEAIT	* SANCHEZ	Philpotocrops
ADDRESS			Visagas State University
Zone	3, Suadole	pe, Baybay Cify, Le	to V1900, Baylay City, Layk
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
62	F	M	

FOR THE LICENSED GOVERNMENT PHYSICIAN

Medical Office III	12 6 21		
OFFICIAL DESIGNATION	DATE EXAMINED		
012312	146-	Mac	' A1
LICENSE NO.	HEIGHT (M) Bare Foot	Stripped	BLOOD TYPE
wu Informany			
AGENCY/Affiliation of Licenses Government Physician:	*****		
SARAH MURAN W. TABADA			
	PROPOSED APPOINTEE		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically			