## MEDICAL CERTIFICATE

(For Employment)

١	N	S	T	R	U	C	T	10	N	S

- 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	e, First Name, Name Extension	AGENCY / ADDRESS		
DAKDADI	uo, mark and	STATE EARASIV		
ADDRESS			UNIVERSITY - MAIN	
BRGY, P	angasugan, iba	BAY BAY CITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
X	MME	SIN GUE	INSTRUCTOR 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF OCENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
MERRY CHRISTY T. SUPNAY GUINOCOD MAD				
AGENCY/Affiliation of Licensed Government Physician."	No. 10 and a find of the second of the secon			
	LIFICUT	WEIGHT (KG)		
LICENSE NO.	HEIGHT (M) Bare Foot	Stripped	TYPE	
LICENSE NO.			B 1	
LICENSE NO.  OFFICIAL DESIGNATION	Bare Foot	Stripped	4 . 6	