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)			AGENCY / ADDRESS		
ABAS	, CRISANT	O LAGUNA	YTISAFYIND FACTS 2 AYASIV		
ADDRESS			VICCA, BAYBAY CITY, LEYTE		
TORGY.	YAGATANT	HILDHGOS, LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
26	M	3 LDH12	IMS TRUCTOR I		

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	amipation result	ts, personally e T for employm	examined the ent.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE		
Horm Diovisio M.D		POSED APPOIN	
AGENCY/Affiliation of Licensed Government Physician:			
Up Halle Prince Bolom De-			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
	Bare Foot	Stripped	2 TYPE
lmm	161th	USK	PI
OFFICIAL DESIGNATION	DATE EXAMINE	D,	
motil Spilet I	11/13	mx	

MERRY (HRIST'L T. SUPNET-CHINO(OR, M.D. Medical Office) III License No. 111828