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
	ehest X-Ray
	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	ne, First Name, Name Extensi	on (if any) and Middle Name)	AGENCY / ADDRESS	
ABE	ARMADA, FLORE	OMP, USU, VISCA, BAYBAY		
ADDRESS		CITY, LEYTE		
BHGY. GA	DAS, DAYDAY C	ITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
26	FEMALE	SING LE	INST NO CTON	

FOR, THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN WERT CHROTE I WHET CHNCCK 11828 MEDICAL OFFICER III	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician	ે ફોલ		
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE B+"
OFFICIAL DESIGNATION DATE EXAMINED 7. Drgs			,

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