## MEDICAL CERTIFICATE

(For Employment)

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSTRUCTIONS                                                             |                                             |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------|
|                | b. Attach this certific. The results of the must be attached to Blood Turinally Chest?  Drug T.  Psychology Ps | Test sis X-Ray est blogical Test Psychiatric Examination (if applicable) | nd reemployment. ysical/mental examinations |
| NAME (Last Nar |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OR THE PROPOSED AP                                                       | AGENCY / ADDRESS                            |
| AVILA          | DOKAN JY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | N LAUZON                                                                 |                                             |
| ADDRESS        | 1-1, yeu , vie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CA BAIBAT CITY                                                           |                                             |
| AGE            | SEX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CIVIL STATUS                                                             | PROPOSED POSITION                           |
| 37             | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | married                                                                  |                                             |
|                | `                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                        | No.                                         |
|                | FOR THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LICENSED GOVERNM                                                         | IENT PHYSICIAN                              |

| I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically |                                                |                         |               |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|---------------|
| SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  MERRY (HRISTLT, SUPNET-GUIN NO. M.D  Medical Officer II.                    | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE |                         |               |
| AGENCY/Affiliation of Licensed Government Physician:                                                                                       |                                                |                         |               |
| LICENSE NO.                                                                                                                                | HEIGHT (M) Bare Foot                           | WEIGHT (KG)<br>Stripped | BLOOD<br>TYPE |
| OFFICIAL DESIGNATION                                                                                                                       | DATE EXAMINED                                  |                         |               |
|                                                                                                                                            | 7-20-18                                        |                         |               |