MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	0	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, F	irst Name, Name Extension (if	any) and Middle Name)	AGENCY / ADDRESS
Ab	ad, Hannah	Rissah Forio	DMP, VSU
ADDRESS	C	1 0-1 1	
	rby. Laric	lad, Baybay, Leyle	
AGE SEX		CIVIL STATUS	PROPOSED POSITION
33	F	Marricel	Asst. Prof. 2

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Chief of Hospital License No. 098800		-		
AGENCY/Affiliation of Licensed Government Physician:	r			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	RD-
	152cm	60kg		
OFFICIAL DESIGNATION	DATE EXAMINE]		
	19/1	1/19		