AGE

30

SEX

M

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensee b. Attach this certificate to original appointment, transfer and rec c. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Colubio Jr., Eulalio, Catubay	VSU, Visca, Bombony City, Lewte
Sta. Cruz, Boyboy, Leyte	City, leyte

FOR THE LICENSED GOVERNMENT PHYSICIAN

Married

HEIGHT (M) Bare Foot 169 Cm DATE EXAMINE	WEIGHT (KG) Stripped	BLOOD TYPE "ABT"
OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
	OTHER IN	

120/70 mmHg

PROPOSED POSITION