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

FOR THE PROPOSED APPOINTEE

AGE 3D	SEX F	CIVIL STATUS MARRIED	PROPOSED POSITION	
MARCOS , BAYBAY CITY , LEYTE			Baybay City, Leute	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) DEROY, JULIE N , RESOS			AGENCY/ADDRESS DPBG - VSU - Vicca	

FOR, THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically	xamination result	ts, personally for employme	examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician			
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE " A+ "
OFFICIAL DESIGNATION	DATE EXAMINED		