## **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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
LEANO DANIEL UNATING			National Irrigation Administration - Pangasinan		
ADDRESS			11MO/ Bayaoas Urdaneta City		
23 ALONZO SI. POBLACION URDANETTA CITY PANGASINAN					
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
22	MALE	SINGLE	DATA ENCODER		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically @Fi	mination result T / □UNFIT fo	s, personally or remployment.	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
RACHEL ANN A. PARATNO, ND, MPH			
AGENCY/Affiliation of Licensed Government Physician:	1		
CITY HEALTH OFFICE I URDANETA CITY PANGASINAN			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
105063	1.72 M	93 key	A.F.
OFFICIAL DESIGNATION	DATE EXAMINED		
CITY HEALTH OFFICER II	APRIL 12, 2021		