AGE

23

M

MEDICAL CERTIFICATE

(For Employment)			
INSTRUCTIONS			
a This medical certificate should be accomplished by a licensed by Attach this certificate to original appointment, transfer and reconstruction of the following pre-employment medical/physical must be attached to this form: Blood Test	employment.		<i>2</i> .
FOR THE PROPOSED APPO	NTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRE	SS
VINCULADO, RAMIL UR. BALILI	VICI		
ADDRESS	ASTI	BAYBAY	UTY
BRGY. OWAK HILDNGOS, LEYTE			LYTE
AGE SEX CIVIL STATUS	PROPOSED POSITION		

FOR, THE LICENSED GOVERNMENT PHYSICIAN

SINGLE

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically in	amination result BFIT / □UNFIT	s, personally of for employme	examined the nt.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN Elwin Gay V. Yu, M.D. Chief of Hospital	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician				
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped 58.5	BLOOD TABE	
OFFICIAL DESIGNATION	DATE EXAMINED 1/18/19			

120/70 mm/1g