## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r c. The results of the following pre-employment medical/physic must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Vila Ina, Wence Ry Basilon	Visca, Baybay City
NSM, Visca Bamban City Leyte	Lufe
28 Male ringle	PROPOSED POSITION
FOR, THE LICENSED GOVERNMEN	NT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN  Elwin Jay V. Yu, M.D.  Chief of Hospital	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of processed Someonent Physician	
LICENSE NO	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	160 cm 73.8 Kg A
	77.1