OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and re c. The results of the following pre-employment medical/physica 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) ONGY, Honeytere Valenzona	DBS, VSV, VISCA,
ADDRESS Bray, Kan-ipa, Ba-bay City, Leyte	Balbal City, Layte
AGE SEX CIVIL STATUS Havned	PROPOSED POSITION
FOR THE LICENSED GOVERNMEN	T PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically.	
SIGNATURE over PRINTED NAME OF, LICENSED GOVERNMENT PHYSICIAN: ELWIN JAYV. YU, MD, MPH. Chief of Heepitel I License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE

DATE EXAMINED