MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licen b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
LASQUITES, HEIDE S.	YSU. UISOn, Baybay
ADDRESS	City, heyte
YSU, VISCA, BAXBAY CITY LOYT	
AGE SEX CIVIL STATUS	PROPOSED POSITION
57 Female Married	ERA.
FOR THE LICENSED GOVERNME	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination results, personally examined the ☑FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin 1sty V. Yu, M.D. Chie of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD
	Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED