MEDICAL CERTIFICATE

(For Employment)

1	N	S	TF	21	1	0	TI	0	N	S

- 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	e, First Name, Name Exte	AGENCY / ADDRESS		
CALL	NGSOD, PH	VISAYAS STATE UNWERSHY YISCA, BAYBAY CHY, LEYTE GERIA		
ADDRESS				
HO AGEAN	HOUSE, VSU			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
43	E	C	ASSISTANT PROF 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

TOR THE LICENSED GOVERNME	NI PHISI	SIAN		
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically				е
SIGNATURE over PRINTED AME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Law Yu, M.D. Chief of Hospital License No. 098800	OTHER IN			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	1
	165 cm	8+Kg+	0+	- m #
OFFICIAL DESIGNATION	DATE EXAMINE	Boly		
	12/03/19			