MEDICAL CERTIFICATE

(For Employment)

,	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer an c. The results of the following pre-employment medical/phy must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	nd reemployment.
FOR THE PROPOSED API	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) SALADAGA, FLORENCIO JOHN, SAAVEDA ADDRESS DIST. 22 KANGLEON UT, ORMOC CITY	
AGE SEX CIVIL STATUS MAIZRIED	PROPOSED POSITION
FOR THE LICENSED GOVERNM I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination results, personally examined the
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief 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	172 an 88 % B+