

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**



- 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, First Name, Name Extension (if any) and Middle Name) <b>COME, RENZITA SALES</b>			AGENCY / ADDRESS <b>VSH</b>
ADDRESS <b>APARTMENT 27, KILBOURNE ST. VSH, BAUBAY CITY</b>			
AGE <b>47</b>	SEX <b>F</b>	CIVIL STATUS <b>MARRIED</b>	PROPOSED POSITION <b>PROF. 6</b>

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>ELWIN JAY V. YU, MD, MPH.</b> Chief of Hospital I License No. 098800		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE  <b>MD</b>	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>155</b>	WEIGHT (KG) Stripped <b>58</b>	BLOOD TYPE <b>B+</b>
OFFICIAL DESIGNATION		DATE EXAMINED	