MEDICAL CERTIFICATE

(For Employment)

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- 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) | | | AGENCY / ADDRESS | | |
|---|-----------------|--------------------|--------------------------|--|--|
| VILLO | ono, marangeu o | ADA ADA | DEPARTMENT OF PHYNCH | | |
| ADDRESS | | | VIGAYAS STATE UNIVERSITY | | |
| APT. 18 5 | YOU, VICCA, 1 | DAYDAY CITY, LEYTE | | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | | |
| 24 | F | SINGLE | PART-TIME (NOTICULTOR | | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | | |
|---|--|-----------------|-------|--|--|
| Elwin Jay V. Yu, M.D. | | | | | |
| AGENCY/Affiliation of Licensed Government Physician: | | | | | |
| | | | | | |
| • | | WEIGHT (KG) | BLOOD | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | Stripped | TYPE | | |
| LICENSE NO. | nesteriori di producti di constituti di cons | Stripped 48 kgs | TYPE | | |
| LICENSE NO. | Bare Foot | 40 . | TY | | |

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