## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. c. The results of the following pre-employment medical/physical must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.	nysician.	
FOR THE PROPOSED APPO	INTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGE	ENCY / ADDRE	SS
Yunzal, Ananias Jr. Natividad  ADDRESS  Buenavista, Baybay City Leyfe			
AGE SEX CIVIL STATUS	PRO	POSED POSIT	ION
31 Male Married		n, mar nur uar ett i mundustenni truurinni shurrinni seetimati.	
FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically \( \tilde{\text{LF}} \)			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
AGENC (Almaion of Electised Government Physician).			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD
111492	Bare Foot	Stripped	TYPE O" Guard
OFFICIAL DESIGNATION	DATE EXAMINED	70.4kgs	O RH(+)
OFFICIAL DESIGNATION	U-17-21		