

## 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) <i>Bayanlayan Jose</i>			AGENCY / ADDRESS <i>DAAB</i>
ADDRESS <i>Pangasinan, Baybay City, Ilocos</i>			
AGE <i>24</i>	SEX <i>M</i>	CIVIL STATUS <i>M</i>	PROPOSED POSITION <i>Subshift Inspector</i>

## FOR THE LICENSED GOVERNMENT PHYSICIAN

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.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <i>[Signature]</i> <b>Elwin Jay V. Yu, M.D.</b> Chief of Hospital License No. 000000		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE <i>[Signature]</i>	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO	HEIGHT (M) Bare Foot <i>166.5 cm</i>	WEIGHT (KG) Stripped <i>75 kg</i>	BLOOD TYPE <i>B "+"</i>
OFFICIAL DESIGNATION	DATE EXAMINED <i>8/5/20</i>		

*12/2/20*