## 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 Nam	e, First Name, Name Extension	AGENCY / ADDRESS		
DUAT	RTE, ARNULF	D MXCION	CET-TVET	
the second second second	CPUZ BAYE			
AGE 90	SEX	CIVIL STATUS  MXPPIED	PROPOSED POSITION WEUDER 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluation above named individual and found him/her to be phy					
SIGNATURE over PRINTED NAME OF LICENSED GOVER  Elwin Jay V. Yu, M.D.  Chief of Hospital  License No. 398800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licersed Government Physician:					
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
		1.61 M	63 Ky	В	
OFFICIAL DESIGNATION		DATE EXAMINED			
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