MEDICAL CERTIFICATE

(For Employment)

I NI	C	TP	11	CT	10	N	C
114	. 7				1 ()	IV	

a. Th	is medical	certificate	should b	e accom	plished by	y 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:

-		-	
	nad	Test	
	loou	1001	

☐ 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		
SORIA ALVIN E.			DGE, VSU		
	Marcor Boy	bary City Loyte			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
33	M	Vingle	Caboratory Aide 1		

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	FORMATION AB	OUT THE
ELWIN JAY V. YU, MD, MPH.	PROPOSED APPOINTEE		
Chief of Hospital I License No. 038800			
AGENCY/Affiliation of Licensed Government Physician:			
VSN HOSPITAL		V	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
0988 OP	179	83	0
OFFICIAL DESIGNATION	DATE EXAMINE	D	
Chief of Harpital 1	12 - 4	- 24	

