MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS				
a. This medical certificate should be accomplished by a license. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.	•	,	
FOR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AG	AGENCY / ADDRESS		
Moreno, Luz O.				
ADDRESS Apt- 37 VSU Visca Baybay City Leyk				
AGE SEX CIVIL STATUS	PROPOSED POSITION			
28 T W	Profes	ser III		
* *				
FOR THE LICENSED GOVERNME	NT PHYSIC	CIAN		
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination result ☑FIT / □UNFIT	s, personally e for employmer	examined the	9
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
	148	47- 5	An	M
OFFICIAL DESIGNATION		DATE EXAMINED		
	1			