MEDICAL CERTIFICATE

(For Employment)

| INSTRUCTIONS | IN | 18. | ΓR | U | CT | 10 | Ν | S |
|--------------|----|-----|------------|---|----|----|---|---|
|--------------|----|-----|------------|---|----|----|---|---|

- 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 Na | ame, First Name, Name Extensi | on (if any) and Middle Name) | AGENCY / ADDRESS | | |
|-------------------|-------------------------------|------------------------------|---|--|--|
| | HBAT, DANIE | L DANIOLCO | DEPARTMENT OF TOURISM AND HOSPITALITY MAHAGEMEN | | |
| ADDRESS | | | ALD HOSKITALITY MARGINGIL | | |
| MOLAVE MEN'S HALL | | | Vsu, Baybay City | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | | |
| 29 | MALE | SINGLE | SUBSTITUTE INSTRUCTOR | | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically | examination result | ts, personally e for employmen | examined the nt. | |
|--|--|-----------------------------------|------------------|--|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
| Elwin Jay V. Yu, M.D. AGENCY/Affiliation of Licensed Government Physician: | _ can-t | M | dinhte | |
| License No. 098800 | mulh | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| A Property of the Control of the Con | 169- | 91.00 | | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | | |
| | 1 | 5hm | | |