MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	7
a This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ORACION, HELEN GRACE FERRERAS	DOPAC , VSU
BRGY. GAAS BAYBAY CITY, LEYTE	
AGE SEX CIVIL STATUS	PROPOSED POSITION
27 FEMALE SINGLE	INSTRUCTOR
FOR THE LICENSED GOVERNMEN	T PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination results, personally examined the FIT / □UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
Elwir Jay V. Yu. M.D.	PROPOSED APPOINTEE
Chief of Hospital	
AGENCY/Affiliation of Licensed Government Physician.	
\ \	
LICENSE NO	HEIGHT (M) WEIGHT (KG) BLOOD
	Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
	1/11/19