MEDICAL CERTIFICATE

(For Employment)

| INSTRUCTIONS | | and the second |
|--|---|--|
| a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | reemployment | |
| FOR THE PROPOSED APPO | DINTEE | and the same of th |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | AGENCY / ADDRESS | 7 |
| Fe C. Calyrangan ADDRESS 12 N. L. Fernandez St., Bay Gty | N2V | |
| AGE SEX CIVIL STATUS | PROPOSED POSITION | |
| Ceb F W | Ad Aide III | |
| FOR THE LICENSED COVERNMEN | | |
| FOR THE LICENSED GOVERNMEN | | 1 |
| I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically | mination results, personally examined the SFIT / DUNFIT for employment. | |
| SIGNATURE over PRINTED MAKE OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jly V. Yu, M.D. Chief of Hospital License No. 098800 | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | |
| AGENCY/Affiliation of Licersed Government Physician: | | |
| LICENSE NO. | HEIGHT (M) WEIGHT (KG) BLOOD TYPE 57 2 Kg " 0" | Bp: 130/ |
| OFFICIAL DESIGNATION | DATE EXAMINED | |
| | | |