## MEDICAL CERTIFICATE

(For Employment)

IN	S	TF	U	C	TI	0	N	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 Name,	First Name, Name Extension (if	AGENCY / ADDRESS		
LEDR	NA, MARISE	NCRC-V, VSU,		
ADDRESS			BAYBAY CITY, LEYTE	
APT	24, KILBUUY	10117, 101		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
42	FEMALE	MARRIED	ASST. PROF. II	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Elwin Jay V. Yu, W.D.  AGENCY/Affiliation of Ligensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			