MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer ar c. The results of the following pre-employment medical/phy must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	nd reemployment.
FOR THE PROPOSED AP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Balbarino Yolanda Urdaneta	Wu iBaybay
Brgy. Jacha Baybay City	
AGE SEX CIVIL STATUS	PROPOSED POSITION
63 F M	Adm. Aide TII
FOR THE LICENSED GOVERNM	ENT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination results, personally examined the ly ZFIT / DUNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN Elwin Jay V. Yu. M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Chief of Hospital AGENCY/Affiliation of Eldensed Government Physician:	
LICENSE NO	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED