

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

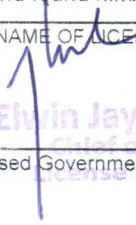
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ 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 any) and Middle Name) <b>CORALES-BAJAS NIKKI Go-soco</b>			AGENCY / ADDRESS <b>Dept. of Tourism and Hospitality Management</b>
ADDRESS <b>Magay, Tanauan, Leyte</b>			
AGE <b>29</b>	SEX <b>Female</b>	CIVIL STATUS <b>married</b>	PROPOSED POSITION <b>Instructor I Temp-Reg</b>

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>Elyin Jay V. Yu, M.D.</b> <i>Chief of Hospital</i> <i>License No. 00000</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician <b>00000</b>			
LICENSE NO.	HEIGHT (M) Bare Foot <b>188c</b>	WEIGHT (KG) Stripped <b>69kg</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION		DATE EXAMINED <b>7/12/11</b>	