MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTION	is
	b. Attach this certifica c. The results of the formust be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psychology	t ay	er and reemployment. /physical/ psychological
		R THE PROPOSED A	
DACLAG.	st Name, Name Extension (if	OFST, VSU, BAYBAY	
ADDRESS R. MAGSAYS	AY AVE. ZONE	CITY, LEYTE	
AGE	SEX	19, BAYBAY CITY	PROPOSED POSITION
40	FEMALE	MARRIEO	ASST. PROF. 4
	4		
	FOR THE	LICENSED GOVERN	IMENT PHYSICIAN
l hereby cei above named indi	rtify that I have revie ividual and found hin	ewed and evaluated the attach n/her to be physically and med	red examination results, personally examined the ically ∠□FIT / □UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE 9+	inplus
OFFICIAL DESIGNATION	DATE EXAMINED			