MEDICAL CERTIFICATE

(For Employment)

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a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.				
FOR THE PROPOSED APPO	INTEE				
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS				
Villamn, Al Franjon	Brgy. Pangasugan				
ADDRESS	Visca Baylon City				
Brgy. Hipusings Baybay City, Leyle	teyte ciry				
AGE SEX CIVIL STATUS	PROPOSED POSITION				
39 M. Married	Associate Prof 11				
FOR THE LICENSED GOVERNMEN	T PHYSICIAN				
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination results, personally examined the IT / □UNFIT for employment.				
ELWIN JAY V. YU. MD, MPH. CHIEF OF HC-PITAL I LICENSE NO.094800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:					
VSV					
ICENSE NO.	HEIGHT (M) Bare Foot WEIGHT (KG) Stripped TYPE				
DFFICIAL DESIGNATION	DATE EXAMINED				
Lna T	4/2/1				