MEDICAL CERTIFICATE

		(For Employment)	9
		INSTRUCTION	S
	b. Attach this cert c. The results of t must be attached Blood Urinal Chest Drug Psych	Test ysis X-Ray	and reemployment. hysical/ psychological
	F	OR THE PROPOSED A	PPOINTEE
NAME (Last Nan	ne, First Name, Name Extens	AGENCY / ADDRESS	
Conde,	Ladie ann	VSU	
Broyy . G	asidadam, Ba	ybour City, Leyfe	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
32	F	Married	Asst. Prof. 2
	4	L 8.	
	FOR TH	E LICENSED GOVERN	MENT PHYSICIAN
l hereb	y certify that I have i	reviewed and evaluated the attache	d examination results, personally examined the

above named individual and found him/her to be physically and medical				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin by 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	
	184	J14.	00	
	1000			