## MEDICAL CERTIFICATE

(For Employment)

a. This medical certificate should be accomplished by a licensed of b. Attach this certificate to original appointment, transfer and reem c. The results of the following pre-employment medical/physical/p must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	ployment.
FOR THE PROPOSED APPOIN	NTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ARGIE P. SINGSON ADDRESS TAB-ANG, KILIM, BAYBAY CITY LEVIE	V S U
AGE SEX CIVIL STATUS	PROPOSED POSITION
so m marito	PLUMBER FORMAN
FOR THE LICENSED GOVERNMENT PHYSICIAN  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 IMFIT / UNFIT for employment.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin Jy V. Yu, M.D.  Chief of Hospital	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
OFFICIAL DESIGNATION D.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE  TO Stripped TYPE  ATE SYMMETER  ATE SYMMETER  WEIGHT (KG) BLOOD TYPE  ATE SYMMETER  ATE SYMME
CVA J	ATE EXAMINED -

B