## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	1	N	S	T	R	U	C	T	1	0	N	5
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- 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-Ra Chest X-Ray

  - Drug Test
    Psychological Test
  - ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

NAME (Last Name	First Name, Name Extension	AGENCY / ADDRESS	
BARBA	DILLO HARR AN	THOW HAVATAD	DSS, USU, BAY BAY CITY
ADDRESS 7/	ANGTOCIAN, O	LEYTE .	
AGE つか	SEX	CIVIL STATUS	PROPOSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I I above named individual and	nave reviewed and eval found him/her to be phy						
SIGNATURE OVER PRINTED NAI	W. Yu, M.D.	NMENT PHYSI	CIAN.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Chlei License AGENCY/Affiliation of Licensed	of Hospital				m		
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LICENSE NO		ļ. *		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION		**		DATE EXAMINE	16/2		