## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	1	10	N	5

	b. Attach this certifica c. The results of the formust be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psycholog	ay	nd reemployment.
NAME (Last Name	FOI	R THE PROPOSED AP	POINTEE AGENCY/ADDRESS
FEDWA ADDRESS	NDET, EARDL	DPC C	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
78	MALE	MARIED	instructor ?
	FOR THE	LICENSED GOVERNM	ENT PHYSICIAN

FOR THE LICENSED GOVERNME	NI PHYSIC	JIAN			
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically				9	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:  ELWIN JAY Y. YU, NO, NPM.  Chief of Heepital 1  Licenses No. 998866	- 0w	int			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
	1.66 m	91195	AT		
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED			