## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	d reemployment.
FOR THE PROPOSED APP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
MACOO, SESUSA M- ADDRESS TAGAK, CARLIGARA CENTE	
AGE SEX CIVIL STATUS	PROPOSED POSITION
59 FEMALE MARRIED	
FOR THE LICENSED GOVERNME	
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically	examination results, personally examined the
Elwin Jay V. Yu, M.D.  Chief of Hospital	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE  55CM 54kg OT
OFFICIAL DESIGNATION	DATE EXAMINED
	11/2/16