## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS 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/mental examinations must be attached to this form: ☐ Blood Test ☐ Urinalysis☐ Chest X-Ray Drug Test Psychological Test ☐ Neuro-Psychiatric Examination (if applicable) FOR THE PROPOSED APPOINTEE NAME (Last Name, First Name, Name Extension (if any) and Middle Name) AGENCY / ADDRESS PADERES VERONICO ROSAL STATE UNIVERSITY VISAYAS ADDRESS MARCOS PROPOSED POSITION MALE 55 MARKIED AIDE ADMINIS TRA TIUG 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 \sum FIT / \sum UNFIT for employment. SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Elwin J V. Yu, M.D. ay V. Yu, IV f of Hospital Licen e No. 098800 AGENCY/Affiliation of Licensed Government Physician: HEIGHT (M) WEIGHT (KG) BLOOD LICENSE NO. Bare Foot Stripped 163 cm 50.8 Kg OFFICIAL DESIGNATION DATE EXAMINED