MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
Valenzona Matrio Asmolo ADDRESS	VSM
Tab-ang, Kelim Bayloay Gity Lugte AGE SEX CIVIL STATUS Let u	PROPOSED POSITION
FOR THE LICENSED GOVERNME	NT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically	amination results, personally examined the □FIT / □UNFIT for employment.
SIGNATURE over PRINTED VALUE OF LICENSED GOVERNMENT PHYSICIAN. Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician.	ant. Fut of the
LICENSE NO	HEIGHT (M) WEIGHT (KG) BLOOD Stripped Type 153 Cm. 65 KG. A
OFFICIAL DESIGNATION	DATE EXAMINED