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/psychological must be attached to this form:

| | R | hood | Test |
|---|---|------|------|
| _ | | | 1 03 |

☐ 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 | | |
|---|-----|--------------|----------------------|--|--|
| UNAJAN, MAGDAVENE CESAR | | | VSU, Visca, Baylony. | | |
| ADDRESS | | | | | |
| Kilim, Baybay, Lente | | | Leyte | | |
| AGE | SEX | CIVIL STATUS | PROPOSED POSITION | | |
| 38 | F | m | Asst. Prof. 111 | | |

FOR THE LICENSED GOVERNMENT PHYSICIAN

| I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically, | | | | |
|---|--|-------------------------|---------------|--|
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | | |
| Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician: | | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE | |
| | 157cm | Ceoless | 0t | |
| OFFICIAL DESIGNATION | DATE EXAMINED | | | |
| | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 1/2/19 | | |