## MEDICAL CERTIFICATE

(For Employment)

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<ul> <li>This medical certificate should be accomplished by a licensed government physician.</li> </ul>
<ul> <li>Attach this certificate to original appointment, transfer and reemployment.</li> </ul>

- c. The results of the following pre-employment medical/physical/psychological
- must be attached to this form:
- ☐ Blood Test ☐ Urinalysis ☐ Chest X-Ray

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

PACA ELIZABETH DIZON

- ☐ Drug Test
- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

ADDRESS BIAS	ONG , BATB	PANGAGNGAN, BAY BAY CITY,				
AGE	SEX	PROPOSED POSITION				
30	FEMALE	SINGLE	ADMINISTRATIVE AIDE III			
	FOR THE	LICENSED GOVERNMEN	T PHYSICIAN			
		ewed and evaluated the attached exa	mination results, personally examined the			

SIGNATURE over PRINTED NAME OF LICENSED SOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
ELWIN JAY V. YU, MO, MPH.	PROPOSED APPOINTEE
Chief of Hospital I License No. 000000	w
AGENCY/Affiliation of Licensed Government Physician:	7

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P	1	X	1

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DATE EXAMINED

WEIGHT (KG)

Stripped

40

HEIGHT (M)

Bare Foot

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AGENCY / ADDRESS

MICATAC

BLOOD

TYPE

At

12. 4-W

PP

OFFICIAL DESIGNATION

LICENSE NO.

Hospital

098400