## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS		
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and reen c. The results of the following pre-employment medical/physical/p must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	ployment.	
FOR THE PROPOSED APPOI	NTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS	
Armenin, Romel Brighti Apt. #17, Visca, Bagbay City, Ceft	484	
AGE SEX CIVIL STATUS	PROPOSED POSITION	
57 Male Married	Professor VI	
FOR THE LICENSED GOVERNMENT	PHYSICIAN	
I hereby certify that I have reviewed and evaluated the attached examinations above named individual and found him/her to be physically and medically	nation results, personally examined to / □UNFIT for employment.	

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  ELWIN JAYV. TU, MD, MPH.  Chief of Hospital I License No. 098800		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	- Ano			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION		DATE EXAMINED		