MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licent b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust 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
GALVEZ LORINA ACILO	bay City, leyk
Apt. 25 Kilbourne Drive, VSU, Visca Bayl	bay City, lent
AGE SEX CIVIL STATUS	PROPOSED POSITION
49 Female Married	Associate Prof. 5
FOR THE LICENSED GOVERNME	NT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	xamination results, personally examined the ☑FIT / ☐UNFIT for employment.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief of Hospital License No. 093800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE 135 WEIGHT (KG) BLOOD 14 TYPE 14 WEIGHT (KG) TYPE
OFFICIAL DESIGNATION	DATE EXAMINED