## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	TI	0	N	9

- 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:
  - ☐ Blood Test

  - ☐ 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
LESIDA	EN, JAMEC	ROT PADEREC	VEU, VISON,
ADDRESS	CONTROL OF THE PARTY OF THE PAR		
BRGY.	MARCOS, BA	18AYCIT/ 6521	BAYBAYCITY
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
26	MALE	SINGLE	INSTRUCTOR

## FOR THE LICENSED GOVERNMENT PHYSICIAN

		2/1/2/		
DFFICIAL DESIGNATION	DATE EXAMINE	EXAMINED		
	lea-	Celery	A	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
Elwin Jay V. Yu, M.D.  Chief of Hospital  AGENCY/Affiliation of Lidensed was not a Bingician:	me			
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			