MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and re c. The results of the following pre-employment medical/physica must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
GENOTIVA, ANGELIE EDAR ADDRESS EVERLASTING OORMITORY VISUA BAYBAY UTG, LEYTE	VSU - VISUA BAYBAY CMB,
AGE SEX CIVIL STATUS SINGLE	PROPOSED POSITION
FOR THE LICENSED GOVERNMEN	T PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically	mination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin lay V. Yu, M.D. Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE 162CM 641G A [†]
OFFICIAL DESIGNATION	DATE EXAMINED 12 1012020