MEDICAL CERTIFICATE

(For Employment)

	onspirate for each regional varieties of the desirating of the control of the spirate of the spi	INSTRUCTIONS			
	b. Attach this certification. The results of the formust be attached to the Blood Testing Urinalysistic Chest X-Forum Drug Testing Psychological Chest Action Che	ay	reemployment.	nysician.	
	FO	R THE PROPOSED APP	OINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
BAGULAYA, JOSE 11 , SATORRE			VSV, Visca, Baybay		
ADDRESS Brgy. Pangasugan. Baybay City			City		
AGE SEX CIVIL STATUS			PROPOSED POSITION		
23	Male	Married	Instructor 1		
l hereby ce	ertify that I have revi	LICENSED GOVERNME	xamination result	s, personally e	examined the
above named individual and found him/her to be physically and medically, SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu. M.D. Chief of Hospital			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation	n of Licensed Governm	nent Physician:			
LICENSE NO.			HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE B+
OFFICIAL DESIGNATION			DATE EXAMINED 7/25/19		