

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**


- 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) <b>OCON, FELIX L.</b>			AGENCY / ADDRESS <b>NARC / USG</b>
ADDRESS <b>NARC</b>			
AGE <b>56</b>	SEX <b>M</b>	CIVIL STATUS <b>S</b>	PROPOSED POSITION <b>SRA</b>

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

<i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <b>ELWIN JAY V. YU, MD, MPH.</b> <b>CHIEF OF HOSPITAL</b> <b>LICENSE NO. 098800</b>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE 	
AGENCY/Affiliation of Licensed Government Physician: <b>NSU Hospital</b>			
LICENSE NO. <b>098800</b>	HEIGHT (M) Bare Foot <b>156 cm</b>	WEIGHT (KG) Stripped <b>64 kg</b>	BLOOD TYPE <b>O</b>
OFFICIAL DESIGNATION <b>Chief of Hospital</b>		DATE EXAMINED <b>12-28-23</b>	