MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed gove b. Attach this certificate to original appointment, transfer and reemploy c. The results of the following pre-employment medical/physical/psycl must be attached to this form: Blood Test	ment.

FOR THE PROPOSED APPOINTEE

NAME (Last Nam	ne, First Name, Name Extension	on (if any) and Middle Name)	AGENCY / ADDRESS
EBIT, PHILIP CAESAR L.		ESAR L.	YISAYAS STATE UNITERITY
ADDRESS			VISCA, PANGASUGAN,
APT. 7:	3, YSU, BXYE	BAY, LEXTE	BAMBAY, LEYTE
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
29	MALE	MARRIED	INSTRUCTOR /

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED AME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Say V. Yu, M.D. Chief of Hospital	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
License No. 098800			
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE		
OFFICIAL DESIGNATION	DATE EXAMINED		

BP-120/80