## MEDICAL CERTIFICATE

		(For Employment)	
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	b. Attach this certific. The results of the must be attached to Blood T Urinalys Chest X Drug Te	est is -Ray st	eemployment.
	F	OR THE PROPOSED APPO	INTEE
NAME (Last Name	First Name, Name Extension	AGENCY / ADDRESS	
BAGAM ADDRESS Brig	einto, Junus C iy- Marcos		Ysu Philrootcrops
AGE	SEX	CIVIL STATUS *	PROPOSED POSITION
32	m	S	Aide !
	FOR THE	LICENSED GOVERNMEN	IT PHYSICIAN
l hereby above named i	certify that I have re- individual and found h	viewed and evaluated the attached exa nim/her to be physically and medically	mination results, personally examined the

above married marriadar and realization to be physically and medically				
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin day V. Yu, M.D.  Chief of Hospital  License No. 098300		FORMATION AB POSED ÁPPOIN		
AGENCY/Affiliation of Licensed Government Physician:		~		
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD	
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OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED		
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