## 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) AGENCY / ADDRESS ADDRESS AGE PROPOSED POSITION Education Destorch Lastar

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin Jay V. Yu, M.D.  AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
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LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION (MA T	DATE EXAMINE		The second second

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