## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r. The results of the following pre-employment medical/physic must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	eemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
TALABO, ANNIE LORETO	OP
BRGY. SAN ISIDRO, MAHAPLAG, LEYTE	
AGE SEX CIVIL STATUS	PROPOSED POSITION
47 F M	SENIOR ADMIN ASST III
FOR THE LICENSED GOVERNME!  I hereby certify that I have reviewed and evaluated the attached ex above named individual and found him/her to be physically and medically	amination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  ELWIN JAYV. YU, MD, MPH.  Chief of Hospital I  License No. 998890	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE  The Don Tyme of the Proposed Appointee
AGENCY/Affiliation of Licensed Government Physician:	
vol my	the sty I - confin
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED

Fr Blu Ch