## MEDICAL CERTIFICATE

(For Employment)

	110			-			-
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- - ☐ Blood Test
    ☐ Urinalysis
    ☐ Chest X-Ray
    ☐ Drug Test
    ☐ Psychological Test
    ☐ Neuro-Psychiatric Examination (if applicable)

## FOR THE PROPOSED APPOINTEE

	First Name, Name Extension (	AGENCY / ADDRESS	
VILL	OCINO AL	ELI ADA	Visayas State Universit
ADDRESS		Baxley City, Leyte	
APT#1	8 Visagas St	late University, Bay!	bay, lente
	V		1 1100
AGE	SEX	CIVIL STATUS	PROPOSED POSITION

## FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE ONE PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER IN	OTHER INFORMATION ABOUT THE		
Elwin Jay V. Yu, M.D.	PROPOSED APPOINTEE			
Chief of Hospital License No. 098800				
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION	DATE EXAMINED			
	q.	11/14	1,0	