MEDICAL CERTIFICATE

(For Employment)

N	S	T	R	U	C.	TI	0	N	S

- 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	e, First Name, Name Extension (i	AGENCY / ADDRESS		
MES	SIAS, INISH CHE	VSU, Baybay City, Layte		
ADDRESS	CAWIT, PILAR			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
29	FEMALE	VINGLE	Asst Prof 11	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically					
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE				
AGENCY/Affiliation of Licensed Government Physician:	me				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE		
OFFICIAL DESIGNATION	DATE EXAMINED				