MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
	b. Attach this certifica c. The results of the formust be attached to the Blood Tes Urinalysis Chest X-R Drug Test Psychology	ay	employment.
	FOI	R THE PROPOSED APPO	INTEE
IAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
LAMBERT, MA. JESUSA COPAPON M.			DIE, VSY,
APT. 52, VSU, BAYBAY CUY, LEHE			BAHBAH CUM,
GE	SEX	CIVIL STATUS	PROPOSED POSITION
42	FEMALE	MAKRIED	ASST. PROF. W
	FOR THE	LICENSED GOVERNMEN	T PHYSICIAN
bove named indi	ividual and found him	/her to be physically and medically \Box F	mination results, personally examined the IT / □UNFIT for employment.
IGNATURE over PRINTED NAME OF LIČENSED GOVERNMENT PHYSICIAN: ELWIN JAY V. YU, ND, MPH. Chief of Hospital I License No. 098800			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO.

HEIGHT (M)
Bare Foot
Stripped
TYPE
Ab

OFFICIAL DESIGNATION

DATE EXAMINED