## MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS				
b. Attach this certification. The results of the must be attached to Blood Teil Urinalysis Chest X-F Drug Tes Psychological Chest X-F Psychological Ch	ate to original appointment, transfer an following pre-employment medical/physthis form: st s Ray t gical Test	d reemployment.	,		
FO	R THE PROPOSED API	POINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS		
Eulalin Ir	Catubay				
, Eulain Ji.	Carrolly .				
17, Baybay,	Leyte	TOTO STREET, A. P. C.			
AGE SEX CIVIL STATUS		PRO	PROPOSED POSITION		
Male	Married	Ins	Instructor 1		
I hereby certify that I have reviewed and evaluated the attached exa		examination result y MaFIT / □UNFIT OTHER IN	amination results, personally examined the		
		HEIGHT (M)	WEIGHT (KG)	BLOOD	
,		and the second s		Am4	
OFFICIAL DESIGNATION			100	2004	
			2/1/2/		
	b. Attach this certific c. The results of the must be attached to  Blood Te Urinalysis Chest X-I Drug Tes Psycholo Neuro-Ps  FO st Name, Name Extension ( FULATIO Jr.  SEX Male  FOR THE  rtify that I have revividual and found hi RINTED NAME OF LICE  With Jay V. Y Chief of Hosy of Licensed Sove (18)	a. This medical certificate should be accomplished by a lice b. Attach this certificate to original appointment, transfer an c. The results of the following pre-employment medical/phymust be attached to this form:    Blood Test	a. This medical certificate should be accomplished by a licensed government pt 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  st Name, Name Extension (if any) and Middle Name) AG  FUNDING  SEX CIVIL STATUS PRO  This that I have reviewed and evaluated the attached examipation result ividual and found him/her to be physically and medically AFIT / DUNFIT RINTED NAMEOF LICENSED GOVERNMENT PHYSICIAN:  OTHER IN PRO  HEIGHT (M) Bare Foot REIGHT (M) Bare Foot	C. The results of the following pre-employment medical/physical/psychological must be attached to this form:    Blood Test	