## MEDICAL CERTIFICATE

(For Employment)

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<ul> <li>a. This medical certificate should be accomplished by a licensed government physi</li> <li>b. Attach this certificate to original appointment, transfer and reemployment.</li> <li>c. The results of the following pre-employment medical/physical/psychological</li> </ul>	cian.
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 Nam	ne, First Name, Name Extension	AGENCY / ADDRESS			
NIEGA	C JUVYLYN	CACI - MUDDIE			
POB. PONE I CAPOCIAN, LETTE			CASL- OVPRIE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
30	FEMALE	MARIRIED	SRS 11		

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically				
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  ELWIN JAY V. YU, ND, NPH.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Chief of Hospital I License No. 098800				
AGENCY/Affiliation of Licensed Government Physician:				
VISAGAS STATE UNIVENSITY HOSPITAC				
LICENSE NO.	HEIGHT (M)	WEIGHT (KG)	BLOOD	
(2)	Bare Foot	Stripped	TYPE	
698600	1.42M	121-2 kgs	0	
OFFICIAL DESIGNATION	DATE EXAMINE	D		
CHIEF OF HOSPITIAL 1	/	SNV	7	