MEDICAL CERTIFICATE

(For Employment)

	A A		
		INSTRUCTIONS	
b. c.	Attach this certifical The results of the fo ust be attached to th Blood Test Urinalysis Chest X-R Drug Test Psycholog	ay	employment.
	FOF	THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
FERNANDEZ, ELZGU CAUBÉ			
20 NOT 1 KABALASAN TOMBAY CHY			
AGE S	EX	CIVIL STATUS	PROPOSED POSITION
124	M	MARRIED	SUBSTITUTE

FOR THE LICENSED GOVERNMENT PHYSICIAN

above named individual and found him/her to be physically and medically	FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: ELWW JAY V. YV , M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE STIPPED TYPE TYPE
OFFICIAL DESIGNATION CHEF OF WANT ON I	DATE EXAMINED 8 WWW

13/82