MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
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/phy must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	nd reemployment.
FOR THE PROPOSED AP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
ADDRESS Inopacon Leuk	
AGE SEX CIVIL STATUS	PROPOSED POSITION
II F m	
FOR THE LICENSED GOVERNM	ENT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached above named individual and found him/her to be physically and medically	examination results, personally examined the y UFIT / UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: LIVE JAY V. YU, IVI.D. Chief of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Stripped TYPE
OFFICIAL DESIGNATION	DATE EXAMINED
	11.1.1