MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r c. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
CASTILIJHONAURI ROMBIJON ADDRESS ARARIMINI NO.1, LOWER COUNTUS I USU	VSU
AGE SEX CIVIL STATUS	PROPOSED POSITION
Ru P S	ADMIN AIDE III
FOR THE LICENSED GOVERNME! I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	camination results, personally examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	UEIOUT WEIOUT BLOOD
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD TYPE Clo Leey AB+
OFFICIAL DESIGNATION	DATE EXAMINED