## MEDICAL CERTIFICATE

(For Employment)

		INSTRUCTIONS	
a This medical certificate should be accomplished by a licensed government physician. 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   Psychological Test   Neuro-Psychiatric Examination (if applicable)			
		R THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
AGRAVANTE KEANE JIM T.			
ADDRESS			Vsu
PANGASLIGAN BAYBAY CITY LEYTE			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
29	MALE	SINGLE	INSTRUCTOR I
	FOR INE I	LICENSED GOVERNMEN	T PHYSICIAN
l hereby cer above named indi	tify that I have revie vidual and found him	wed and evaluated the attached exa Wher to be physically and medically	mination results, personally examined the

SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE ay V. Yu, M.D. AGENCY/Affiliation of Licensed Government Physician: Stage LICENSE NO HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped 166 124.5 OFFICIAL DESIGNATION DATE EXAMINED

Holm?: Diet & Cifeshyle Modifiations

Thomps Aeroba Exercise at 30 mins a

day for 5 dy a mule or 150 mins / purele

Princhemial server;

FBS, BUN, oran, una Aud birl, LON

HOM, TG, TC