MEDICAL CERTIFICATE

(For Employment)

JEVE, JEFFRY ALOLOR ADDRESS POBLACION, MAHAPLAG, LEYSTE AGE SEX CIVIL STATUS PROPOSED POSITION Substitute Instructor FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examinatione named individual and found him/her to be physically and medically. AFIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician: HEIGHT (M) Bare Foot Stripped T LICENSE NO HEIGHT (KG) BIL Bare Foot Stripped T LICENSE NO HEIGHT (KG) BL STRIPPED T LICENSE NO LICENSE NO HEIGHT (KG) BL STRIPPED T LICENSE NO LICENSE NO HEIGHT (KG) BL STRIPPED T LICENSE NO LICENSE NO HEIGHT (KG) BL STRIPPED T LICENSE NO HEIGHT (KG) BL STRIPPED T LICENSE NO LICENSE NO HEIGHT (KG) BL STRIPPED T LICENSE NO LICENS				and the second section is a second se	
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 Neuro-Psychiatric Examination (if applicable) FOR THE PROPOSED APPOINTEE NAME (Last Name Name Extension (if any) and Middle Name) JEVE, JEFFRY ALOLOR ADDRESS PROPOSED POSITION	INSTRUC	TIONS			
NAME (Lest Name, First Name, Name Extension (if any) and Middle Name) JEVE, JEFRY ALOLOR ADDRESS POBLACION, MAHAPLACILETTE AGE SEX CIVIL STATUS PROPOSED POSITION Substitute Instructor FOR THE LICENSED GOVERNMENT PHYSICIAN I hereby certify that I have reviewed and evaluated the attached examination results, personally examination above named individual and found him/her to be physically and medically FIT / DUNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwintay V. Yu, M.D. Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician: HEIGHT (M) WEIGHT (KG) BL Stripped To Control of	b. Attach this certificate to original appointment, c. The results of the following pre-employment r must be attached to this form:	transfer and re- medical/physical	employment.		
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