

INSTRUCTIONS				
1. This medical certificate should be accomplished by a government physician..				
2. Attached this certificate to original appointments and reinstatements.				
NAME ( Last, First, Middle, or if married woman, Maiden Name)			AGENCY ADDRESS	
CLEMENCIA BOREA A.			BRGS SAN AGUSTIN	
ADDRESS			BRGS LEYTE CITY	
BRGS SAN AGUSTIN BRGS LEYTE				
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
52	M	M		
Pre-Employment Medical-Physical Tests				
1. Blood Test				
2. Urinalysis				
3. Chest X-ray				
4. Drug Test				
5. Neuro-Psychiatric Examination (If necessary)				
FOR THE PHYSICIAN				
I HEREBY CERTIFY that I have personally examined the above-named individual and found her/him to be physically and medically fit/unfit for employment			Affix Documentary Stamp	
PRINTED NAME/SIGNATURE OF PHYSICIAN		CERTIFICATE NO.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
ELWIN JAY V. YU, M.D.		098800		
OFFICIAL DESIGNATION		HEIGHT (Barefoot)	WEIGHT (Stripped)	BLOOD TYPE
Medical Officer IV		152cm	59.8kgs	A
AGENCY:		DATE EXAMINED		
VSU HOSPITAL Visayas State University Visca, Baybay, Leyte, Philippines		5/27/14		

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