## MEDICAL CERTIFICATE

(For Employment)

1	N	S	T	R	U	C	T	10	N	S

- 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:

	adirect to the form.
	Blood Test
	Urinalysis
	Chest X-Ray
1	Drug Test
	Psychological Test
	Neuro-Psychiatric Examination (if applicable

## FOR THE PROPOSED APPOINTEE

	st Name, Name Extension (if	AGENCY / ADDRESS		
ADDRESS  232 F.	TAN SUBO.	COGNON, ORMOC CITY	DOPING DOPING	
AGE 21	SEX F	CIVIL STATUS	PROPOSED POSITION  INSTRUCTOR 1	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mipation results	s, personally for employme	examined the nt.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin ay V. Yu, M.D.  AGENCY/Affiliation of Licensed Government Physician:		FORMATION A POSED APPOII	
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped  48.1Kg	BLOOD TYPE ( A o
OFFICIAL DESIGNATION	DATE EXAMINED  2/12/19		
		1	-