MEDICAL CERTIFICATE

(For Employment)

-	N	5	T	R	11	C	T	1	\cap	M	5
1	1.4	\circ	1	11	\circ	\circ	1	1	\cup	1.4	0

- 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

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

- Psychological Test
- Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

BONGAT,	HADASHA A	JA.VARPA	DBM, VSU, UKCA,		
•	0 ST., OTM	OC CITY, LEYTE	BAY BAY CITY, LEYTE		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION		
38	F	SINGLE	API		

FOR THE LICENSED GOVERNMENT PHYSICIAN

		ed examination results, personally examined the				
above named individual and found him/her to be physically and medically \(\subseteq FIT / \subseteq UNFIT for employment.						

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE ELWIN JAY V. YU, MD, MPH. Chief of Hospital I License No. 098800 AGENCY/Affiliation of Licensed Government Physician:

LICENSE NO. HEIGHT (M) Bare Foot

BLOOD WEIGHT (KG) Stripped

OFFICIAL DESIGNATION

DATE EXAMINED

AGENCY / ADDRESS