## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS				
a. This medical certificate should be accomplished by a license. b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.			
FOR THE PROPOSED APP	OINTEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)  Ponce, Bethlenen, Algodon	VSU , Vi	VSU, Visca Baybay City		
Dupler, USU Banban alay	_	eyte		
AGE SEX CIVIL STATUS	PROPOSED POSITION			
36 F Simple	Asst. Pm	operson I		
FOR THE LICENSED GOVERNME  I hereby certify that I have reviewed and evaluated the attached ex			vamined the	
above named individual and round him/her to be physically and medically	DFIT / DUNFIT	for employmen	nt.	
SIGNATURE over PRINTED NAME OF HICENSED GOVERNMENT PHYSICIAN:  Elwin / ay V. Yu, M.D.  Chief of Hospital  License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
AGENCY/Affiliation of Licensed Government Physician:				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DECIGNATION	Nels _	61.58	U	
OFFICIAL DESIGNATION	DATE EXAMINED			