

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

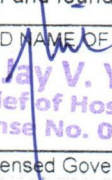

- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ Blood Test  
☐ Urinalysis  
☐ Chest X-Ray  
☐ Drug Test  
☐ Psychological Test  
☐ Neuro-Psychiatric Examination (if applicable)

**FOR THE PROPOSED APPOINTEE**

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
POGADO, FRETZELTANE, OLOR			DBS
ADDRESS Brgy. Gabas, Baybay City			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
25	F	Married	Instructor I

**FOR THE LICENSED GOVERNMENT PHYSICIAN**

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  <b>Elwin Jay V. Yu, M.D.</b> 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
	148 cm	50 kg	
OFFICIAL DESIGNATION	DATE EXAMINED		
	12/17/20		

Br  
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