LICENSE NO.

OFFICIAL DESIGNATION

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 Duath, VSU, Visca SIDAYA, Jerum Hermoso ADDRESS Baybay City Sta. Cruz, Banbau AGE CIVIL STATUS PROPOSED POSITION 32 Male Married Assistant Professor 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 AFIT / UNFIT for employment. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE Elwin Jay V. Yu, M.D. Chief of Hospital icense No. 098800 AGENCY/Affiliation of Licensed Government Physician:

HEIGHT (M)

Bare Foot

DATE EXAMINED

1.65

WEIGHT (KG)

Stripped

45

BLOOD

TYPE