MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys 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)	AGENCY / ADDRESS
GONGORA, GANESCA ROSE LIBOT ADDRESS BRGY. CATUBLIAN HINUNANGAN CO. LEYTE	VSU
AGE SEX CIVIL STATUS	PROPOSED POSITION
23 F CINGLE	MEDIA PRODUCTION OPECIALIST I
I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically. SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	examination results, personally examined the IDENT for employment.
Elwin Lay V. Yu, M.D. Chief of Hospital AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO. OFFICIAL DESIGNATION	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE IT-J 474. DATE EXAMINED
CVA J	DATE EXAMINED