MEDICAL CERTIFICATE

(For Employment)	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and reco. The results of the following pre-employment medical/physical must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
JADINA, BEATURE CUEVAS	VISAYAS STATE
ADDRESS Pangasagan, Panban City, Lex	UNIVERSATY (USM)
AGE SEX CIVIL STATUS	PROPOSED POSITION
50 Female Married	Professor VI
	V
FOR THE LICENSED GOVERNMEN	T PHYSICIAN

Elwin My V. Yu, M.D. Chief of Hospital License No. 098800	PROI	POSED APPOIN	ITEE
AGENCY/Affiliation of Licensed Government Physician:	HEIGHT (M)	WEIGHT (KG)	BLOOD
	Bare Foot	Stripped	TYPE
	1.4	6219	A+
OFFICIAL DESIGNATION	DATE EXAMINED		
	11/16		
	11/15/10		