## MEDICAL CERTIFICATE

(For Employment)	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and ree c. 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)  CRUT, WILLIAM ALAAN	Phil root Crops
MA CLARA MAASIN CITY, SO. LEYTE	VISCA, BAYBAY CITY LETTE
AGE SEX CIVIL STATUS  AGE  AGE  LINGLE	PROPOSED POSITION SCIENCE RESEARCH ASSISTANT (B
FOR THE LICENSED GOVERNMEN	T DHYSICIAN
I hereby certify that I have reviewed and evaluated the attached exar above named individual and found him/her to be physically and medically of SIGNATURE over PRINTED MANS OF LICENSED GOVERNMENT PHYSICIAN:	nimation results, personally examined the

WMJay V. Yu, IVI.D. Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician: 10/60 WEIGHT (KG)
Stripped BLOOD LICENSE NO. HEIGHT (M) Bare Foot 164 cm DATE EXAMINED OFFICIAL DESIGNATION 6/23/2020