MEDICAL CERTIFICATE

(For Employment)

,	
INSTRUCTIONS	
a. This medical certificate should be accomplished by a licensed b. Attach this certificate to original appointment, transfer and resc. 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
IAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
FERNANDEZ ERROL CAUBE	
DDRESS	
BRGY FABALASAN BAYBAY CITY LEYTE	*
GE SEX CIVIL STATUS	PROPOSED POSITION

FOR THE LICENSED GOVERNMENT PHYSICIAN

(WTRUCTOR

SINGLE

M

above named individual and found him/ner to be physically and medically SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	□ OTHER INFORMATION ABOUT THE		
Floor M.	PROI	PROPOSED APPOINTEE	
Elwin Jay V. Yu, M.D.	1		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
OFFICIAL DESIGNATION	DATE EXAMINED 1/25/19		