## MEDICAL CERTIFICATE

(For Employment)

	INSTRUCTIONS			
b. Attach this certificat c. The results of the fo must be attached to th Blood Test Urinalysis Chest X-Ra Drug Test Psychologi	ау	reemployment.	nysician.	
FOF	THE PROPOSED APPO	DINTEE		
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)		AGENCY / ADDRESS		
Castil, Jundy, Rombton		VSU/BAYBAY LEYTE		
Maros, Baybay, Leyte				
AGE SEX CIVIL STATUS		PROPOSED POSITION		
27 Male	Married	INSTR	UCTOR, 1	
	LICENSED GOVERNME  wed and evaluated the attached ex  ther to be physically and medically	camination result	s, personally ex	camined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:		OTHER INFORMATION ABOUT THE		
Elwirf lay V. Yu, M.D. Chief of Hospital		PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government				
LICENSE NO.		HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
		161cm	77 Kar.	A+
OFFICIAL DESIGNATION		DATE EXAMINE		
		8/12	W	
			V	