MEDICAL CERTIFICATE

		(For Employment)	
		INSTRUCTIONS	
	b. Attach this certific c. The results of the must be attached to Blood Te Urinalysis Chest X- Drug Tes Psycholo	st s Ray t	eemployment.
Management access who ever make their delivery consequences in order	FO	R THE PROPOSED APPO	INTEE
NAME (Last Name,	First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
LORETO	RAFFT A	NDREW GARCIA	
ADDRESS		•	VSU - Dept. of
APT 89,	KILBOURNE ST	CIVIL ENGINEERING	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	M	SINGLE	INSTRUCTOR
l hereby d	certify that I have revi	LICENSED GOVERNMEN iewed and evaluated the attached exam/her to be physically and medically	mination results, personally examined the
SIGNATURE over	AVV	ENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE

	12	12-10-2020		
OFFICIAL DESIGNATION	DATE EXAMINED			
	167.5 CM	101.318	Ot	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician:		w		
SIGNATURE OVER PRINTED NAME OF UCENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D.	Market Conf. Conf. of the American Market Conf.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		

BP: 120/80