MEDICAL CERTIFICATE

(For Employment)

-		
INSTRUCTIONS		
a This medical certificate should be accomplished by a licensed by Attach this certificate to original appointment, transfer and reconstruction of the following pre-employment medical/physical must be attached to this form: Blood Test	employment.	
Neuro-Psychiatric Examination (if applicable)		
FOR THE PROPOSED APPO	INTEE	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS	
ADDRESS ADDRESS ADDRESS	CHINSV	
Duplex-Bl, Visca, Bombay Lity, Leyfe AGE SEX CIVIL STATUS		
2/	PROPOSED POSITION	
Male Single	Inctractor-1	
•		
FOR THE LICENCER COVERNMENT		

FOR, THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exa-	mination result	s, personally e	examined the
above named individual and found him/her to be physically and medically	FIT / DUNFIT	for employmen	nt.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN Elwin Jay V. Yu, M.D. Chief of Hospital AGENCY/Affiliation of Electrical Covernment Physician	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
LICENSE NO	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
	165 cm	84.919	At
OFFICIAL DESIGNATION	DATE EXAMINED		
	7/31/19		
		((1

BP-110 80

mmfg