## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. 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)	AGENCY / ADDRESS		
SERIÑO, MOISES NEIL V.	DUE, VSU, Visca		
APT. 39, kilbourne Drive, VSU, Brubay Coty	Boustay City Light		
35 SEX CIVIL STATUS Married	Associate Professor V		
X   X			
FOR THE LICENSED GOVERNMEN	IT PHYSIC	CIAN	
I hereby certify that I have reviewed and evaluated the attached examples above named individual and found him/her to be physically and medically be	mination result	s, personally for employme	examined the ent.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:  Elwin Jay V. Yu, M.D.  Chief of Hospital  License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
098800	HEIGHT (M) Bare Foot  1-6 m	WEIGHT (KG) Stripped 65 kg	BLOOD TYPE A+
OFFICIAL DESIGNATION Chief of Hospital	DATE EXAMINE	1 chua	***************************************