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)	eemployment.		
FOR THE PROPOSED APPO	INTEE		61 mg
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AG	ENCY / ADDRE	SS
DUMAGUING NANCY V.	V30	MA/	2
AM. 72 - 14/ bourne Drive USU Vise		2 MPh	r
AGE SEX CIVIL STATUS Baybay C		C. Prof	
FOR THE LICENSED GOVERNMEN	IT PHYSIC	CIAN	A desired by the control of the cont
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically.	mination result □FIT / □UNFIT	s, personally of	examined the
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Clical of Hospital License No. 098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE 0//
OFFICIAL DESIGNATION	DATE EXAMINED		
	11.1.		