MEDICAL CERTIFICATE

(For Employment)

IN	STRUCTIO	NS				
a. This medical certificate should b b. Attach this certificate to original i c. The results of the following pre-e must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Exam	appointment, transf employment medica	er and reemp l/physical/ ps y	loyment.			
FOR THE P	ROPOSED	APPOIN	TEE			
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS			
ADDRESS COttages by VSU. Baybay City, Leytu			VSU			
AGE SEX CIVIL STATI			PRO	OPOSED POSIT	ION	
50 Female Mar	ied		ASSOC	. Prof II		
FOR THE LICENSE	aluated the attact	ned examina	tion result	s, personally e	examined the	
above named individual and found him/her to be pi	hysically and med	ically DFIT	/ DUNFIT	for employme	nt.	
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Livin Jay V. Yu, M.D. Chief of Hospital License No. 098800 AGENCY/Affiliation of Licensed Government Physician:		N:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
LICENSE NO.		Н	EIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
OFFICIAL DESIGNATION		DAT	E EXAMINE	15/19	0	