OFFICIAL DESIGNATION

MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licer b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/phys must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	reemployment.
FOR THE PROPOSED APP	POINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name) Lina, Dario Perez ADDRESS Apt. 16, Kilbourne Drive, VSU, Visca, Baybay City AGE SEX CIVIL STATUS Married	AGENCY/ADDRESS DOH, VSW, Visca, Baybay City PROPOSED POSITION Professor
FOR THE LICENSED GOVERNME	
I hereby certify that I have reviewed and evaluated the attached eabove named individual and found him/her to be physically and medically	
Elwip Jay V. Yu, M.D. Chief of Hospital License No. 098800 AGENCY/Affiliation of Ucensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE

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DATE EXAMINED