MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and re c. The results of the following pre-employment medical/physica 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
BARTOLINI, MANUEL CUGRENTA	regis fran's Office
ADDRESS	
Broy. Guadalupe, Baykay City, Leyte	
AGE SEX CIVIL STATUS THE WARE MANERAL	PROPOSED POSITION
FOR THE LICENSED GOVERNMEN	T PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination results, personally examined the FIT / □UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE
Elwin Jay V. Yu, M.D. Chief of Hospital License No. 098800	PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	m
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE 1.66 64 8†
OFFICIAL DESIGNATION	DATE EXAMINED