LICENSE NO

OFFICIAL DESIGNATION

## MEDICAL CERTIFICATE

(For Employment)

-			,
		INSTRUCTIONS	
ge s	b. Attach this certificate.  c. The results of the find t	ay	eemployment.
		R THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)			AGENCY / ADDRESS
ACOB, JOEL REY YESANG			1611 12 1
ADDRESS			VSU- Bullary City
LINAO, OHINE CITY			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
30	M	S	
	FOR THE	LICENSED GOVERNMEN	T PHYSICIAN
above named indi	ividual and found him	Wher to be physically and medically	mination results, personally examined the FIT / \( \square\) UNFIT for employment.
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN			OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
Elwin Zi V. Yu, M.D.			
AGENCY/Affiliation	of Licensed Governme	ent Physician.	

HEIGHT (M) Bare Foot

1-68 m

DATE EXAMINED

WEIGHT (KG) Stripped

73Kg

BLOOD TYPE