MEDICAL CERTIFICATE

(For Employment)

I	N	S	T	R	U	C	T	ı	O	N	S	

- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:
 - ☑ Blood Test
 - ☑ Urinalysis ☐ Chest X-Ray
 - ☑ Drug Test

NAME (Last Name, First Name, Name Extension (if any) and Middle Name)

- ☐ Psychological Test
- ☐ Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

DGE VSU			
PROPOSED POSITION			
INSTRUCTOR III			
_			

FOR THE LICENSED GOVERNMENT PHYSIC!AN

I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the
above named individual and found him/her to be physically and medically 🖾 FIT / 🗆 UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: OTHER INFORMATION ABOUT THE

PROPOSED APPOINTEE ELWIN JAY V. YU. MB. MPH.

AGENCY/Affiliation of Licensed Government Physician:

Bare Foot 682

HEIGHT (M)

Stripped

WEIGHT (KG)

AGENCY / ADDRESS

BLOOD TYPE

OFFICIAL DESIGNATION

LICENSE NO.

DATE EXAMINED