## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physic 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	OINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
DURITW GILDA D.  ADDRESS  1(4, V8M, Visca Bryting with	Baybay City
AGE SEX CIVIL STATUS	PROPOSED POSITION
63 Jenale M	Admin Aide VI
FOR INE LICENSED GOVERNME!  I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	amination results, personally examined the
Elwir ay V. Yu, M.D.  Chief of Hospital	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
ICENSE NO	HEIGHT (M) WEIGHT (KG) BLOOD TYPE  15(och 63.6kc 18"
DFFICIAL DESIGNATION	DATE EXAMINED