MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r 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)	eemployment
FOR THE PROPOSED APPO	DINTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
SENARA, CIELO FLANDEZ ADDRESS 871 A. MAIBINI 87. MAY BAY CLTY	NARC, USU
AGE SEX CIVIL STATUS	PROPOSED POSITION
to MALE MARKIED	ADMN. A108 (11
FOR THE LICENSED GOVERNMEN I hereby certify that I have reviewed and evaluated the attached examples to be physically and medically.	amination results, personally examined the
Elwin ay V. Yu, M.D. Charlof Hospital AGENCY/Affiliation of Licensed Government Physician:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
LICENSE NO V DEFICIAL DESIGNATION	HEIGHT (M) Bare Foot Stripped TYPE DATE EXAMINED
	DATE EXAMINED

13p 120