

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

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

### FOR THE PROPOSED APPOINTEE

NAME (Last Name, First Name, Name Extension (if any) and Middle Name) <b>ISRAEL GABRIEL JR. ARGUILLES</b>			AGENCY / ADDRESS
ADDRESS <b>BRGY. HIBUNAWAN BAYBAY CITY LEYTE</b>			
AGE <b>51</b>	SEX <b>M</b>	CIVIL STATUS <b>M</b>	PROPOSED POSITION <b>MECHANICAL PLANT OPERATOR</b>

### FOR THE LICENSED GOVERNMENT PHYSICIAN

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 <input checked="" type="checkbox"/> <b>FIT</b> / <input type="checkbox"/> <b>UNFIT</b> for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <div style="text-align: center;"> <b>Elwin Jay V. Yu, M.D.</b>  <b>Chief of Hospital</b>  <b>License No. 098800</b> </div>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE  <div style="font-size: 1.2em; color: blue;">           HUD Stage II - completed, in maintenance         </div>	
AGENCY/Affiliation of Licensed Government Physician:		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           HEIGHT (M) Bare Foot <b>154 cm</b> </div> <div style="width: 45%;">           WEIGHT (KG) Stripped <b>65.3 kg</b> </div> </div>	
LICENSE NO.		BLOOD TYPE <b>A</b>	
OFFICIAL DESIGNATION		DATE EXAMINED <b>6/10/22</b>	

DP  
120/90