MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS			
a. This medical certificate should be accomplished by a licen b. Attach this certificate to original appointment, transfer and c. The results of the following pre-employment medical/physimust 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	CHINESE ASSISSO (1903) C. C. MONTANICA CON CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C	
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AC	SENCY / ADDRE	SS
FLORES, ALICIA M.	VISA	ſ	
GUADALUPE, BAYBAN LEYE			
AGE SEX CIVIL STATUS	PRO	OPOSED POSIT	ION
52 F M	A0111		
FOR THE LICENSED GOVERNME	NT PHYSI	CIAN	
I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically	amination result □FIT / □UNFIT	s, personally e	examined the
Elwin lay V. Yu, M.D. Chief of Hospital	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
GENCY/Affiliation of Licensed Government Physician:			
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE BT
DFFICIAL DESIGNATION	DATE EXAMINED		
	1	clas	

BO GOM