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	e, First Name, Name Exter	sion (if any) and Middle Name)	AGENCY / ADDRESS	
VALIP	YA CUA, A'	Department of Horticulture VSU, Visca, Bay Bay City		
ADDRESS Zone 1, B	orgy. Guadalu	pe, Bay Bay, Leyte	Leyte	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
33	M	SINGLE	Assistant Professor	

FOR THE LICENSED GOVERNMENT PHYSICIAN

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	1	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
AGENCY/Affiliation of Licensed Government Physician:	PRC	POSED APPOIN	IEE	
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG)	BLOOD TYPE	
LICENSE NO.		WEIGHT (KG) Stripped Sq. & V	BLOOD TYPE	
LICENSE NO. OFFICIAL DESIGNATION	Bare Foot	Stripped Stripped		