OFFICIAL DESIGNATION

CHIEF OF HOSPITAL 1

## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTION	IN	SI	R	U	CT	1	10	VS
-------------	----	----	---	---	----	---	----	----

- 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)

INAIVIE (Last Nam	e, First Name, Name Extension (	AGENCY / ADDRESS		
Bontay,	Ayrton John	), Volenzuela	Visayas state Umrersity	
ADDRESS			Umrer situ	
1811,	Bay bay City	, lyte	4,,,,,,	
	ISEX	CIVIL STATUS	PROPOSED POSITION	
AGE				

FOR THE LICENSED GOVERNMEN	T PHYSIC	CIAN		
I hereby certify that I have reviewed and evaluated the attached exa above named individual and found him/her to be physically and medically $\Box$ F				
SIGNATURE OVER PRINTED AME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE			
Chief of Heepital I License No. 998800  AGENCY/Affiliation of License d Government Physician:	thy	L		
VICATAS STATE UNIVERSITY HOSPITAL				
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE	
098600	1.88 pm	133.4 Kg)	0+	

DATE EXAMINED

In Phs