MEDICAL CERTIFICATE

(For Employment)

|--|

- 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)			AGENCY / ADDRESS	
ADDRESS	ja, Jennifer	Gerdiano	dres visi	
bigy- Rangasigan, Playbay City, legte			1ACO, VSY	
AGE	SEX	CIVIL STATUS	PROPOSED POSITION	
32	7	ringle	Internal Modifor 1	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached e above named individual and found him/her to be physically and medically		
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE	
ELWIN JAY V. YU, MD, MPH.	PROPOSED APPOINTEE	(10)
Chief of Hospital I License No. 898800	John July for	~ (9
AGENCY/Affiliation of Licensed Government Physician:	Show	
Ven V		
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD	Blp - 100/
098800	Bare Foot Stripped TYPE 1466 47.5 2 8 8 7	
OFFICIAL DESIGNATION	DATE EXAMINED	