

## MEDICAL CERTIFICATE

(For Employment)

### INSTRUCTIONS

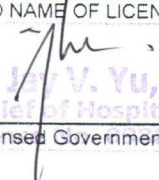
- a. This medical certificate should be accomplished by a licensed government physician.
- b. Attach this certificate to original appointment, transfer and reemployment.
- c. The results of the following pre-employment medical/physical/psychological must be attached to this form:

- ☐ 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>LORETO, RAFFY ANDREW GARCIA</b>			AGENCY / ADDRESS <b>VSU - DEPARTMENT OF CIVIL ENGINEERING</b>
ADDRESS <b>APT 89 KILBOURNE ST, VSU, BATBAY CITY, LETTE</b>			
AGE <b>29</b>	SEX <b>MALE</b>	CIVIL STATUS <b>SINGLE</b>	PROPOSED POSITION <b>INSTRUCTOR I</b>

### FOR THE LICENSED GOVERNMENT PHYSICIAN

<i>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"/> FIT / <input type="checkbox"/> UNFIT for employment.</i>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: <div style="text-align: center;">   <b>Elwin Jay V. Yu, M.D.</b>  <i>Chief of Hospital</i> </div>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>168-</b>	WEIGHT (KG) Stripped <b>104-</b>	BLOOD TYPE <b>O"</b>
OFFICIAL DESIGNATION		DATE EXAMINED <b>1/14/20</b>	

fem. might loss + (Examine + drug misuse)