

**MEDICAL CERTIFICATE**  
(For Employment)

**INSTRUCTIONS**

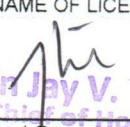
- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/**psychological** must be attached to this form:

- ☐ 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>IGRANES, GELECA CAJERIC</b>			AGENCY / ADDRESS <b>PHILROOTCROPS</b>
ADDRESS <b>BRGY. PATAG, BAYBAY CITY, LATE</b>			<b>VSU</b>
AGE <b>28</b>	SEX <b>FEMALE</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:  <b>Elwin Jay V. Yu, M.D.</b> <i>Chief of Health Services</i> <i>License No. 098800</i>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
AGENCY/Affiliation of Licensed Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot <b>155 cm</b>	WEIGHT (KG) Stripped <b>54.5 kg</b>	BLOOD TYPE <b>O+</b>
OFFICIAL DESIGNATION	DATE EXAMINED <b>8/27/19</b>		