## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	3
a. This medical certificate should be accomplished by a lie b. Attach this certificate to original appointment, transfer a c. The results of the following pre-employment medical/ph must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	and reemployment.
FOR THE PROPOSED AF	PPOINTEE
AME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
FERNANDER, ERROL CAUBE	
DDRESS	
KABALATAN BAYBAY CITY LEME	
GE SEX CIVIL STATUS	PROPOSED POSITION
34 MALE MERRIED	
FOR THE LICENSED GOVERNM	MENT PHYSICIAN
I hereby certify that I have reviewed and evaluated the attached bove named individual and found him/her to be physically and medical	
GIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN	OTHER INCORMATION ABOUT THE

FOR THE LICENSED GOVERNMEN	IT PHYSI	CIAN	
I hereby certify that I have reviewed and evaluated the attached example above named individual and found him/her to be physically and medically	mination result	s, personally e	examined the nt.
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Elwin Jay V. Yu, M.D.  Chief of Hospital  AGENCY/Affiliation (4) Elegent Government Physician:			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD IN
OFFICIAL DESIGNATION	DATE EXAMINE	91:58	** <b>4</b> **
	1/14/w		