## 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
BAG	VLAYA, JOS	*((.)	
ADDRESS			180
Br	gy. Pangas		
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
24	W	married	Instructor I

## FOR THE LICENSED GOVERNMENT PHYSICIAN

DFFICIAL DESIGNATION	DATE EXAMINE		D'
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
Elwin ay V. Yu, M.D. Chief of Hospital License No. 098800  AGENCY/Affiliation of Licensed Government Physician:	PRO	POSED APPOIN	TEE
SIGNATURE OVER PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN.	OTHER INFORMATION ABOUT THE		

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