MEDICAL CERTIFICATE

(For Employment)

| INSTRUCTIONS | | | |
|--|--|----------------------------------|---------------|
| a. This medical certificate should be accomplished by a licens b. Attach this certificate to original appointment, transfer and r. The results of the following pre-employment medical/physic must be attached to this form: Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable) | eemployment. | | |
| FOR THE PROPOSED APPO | DINTEE | | |
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) | AG | ENCY / ADDRE | SS |
| CXSTILLO BONIFACIO ESPERANZA ADDRESS Zone 1 Guadalupe Baybay City Leyte | , Wa | 1 | |
| SEX CIVIL STATUS | Xdhu | oposed posit | ION (|
| FOR THE LICENSED GOVERNMEN | NT PHYSIC | 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. | amination result ☑FIT / □UNFIT | s, personally e for employmen | examined the |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin Jay V. Yu, M.D. Chief of Hospital AGENCY/Affiliation of Licensed Government Physician: | OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE | | |
| | | | |
| LICENSE NO. | HEIGHT (M) Bare Foot | WEIGHT (KG) Stripped | BLOOD TYPE |
| OFFICIAL DESIGNATION | DATE EXAMINED | | |