MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and rec. The results of the following pre-employment medical/physical 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)	AGENCY / ADDRESS
Jocobe Jovelyn G.	NARC, USU
Bry. Gnadalupe Baybay City	
AGE SEX CIVIL STATUS	PROPOSED POSITION
42 Female Marriel	SRA
FOR THE LICENSED GOVERNMEN	NT PHYSICIAN
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 results, personally examined the FIT / \(\sum UNFIT for employment. \)
SIGNATURE OVER PRINTED NAME OF VICENSED GOVERNMENT PHYSICIAN: ELWIN JAY V VU, MD, MPM. CHIEF OF HOSPITAL I LICENSE NO.098800	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE
AGENCY/Affiliation of Licensed Government Physician:	
VSV HOSPITAL	
LICENSE NO.	HEIGHT (M) WEIGHT (KG) BLOOD Bare Foot Stripped TYPE
098800	Bare Foot Stripped TYPE
Official designation Cheif of Hospital 1	The state of the s