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 Nam	e, First Name, Name Extension	AGENCY / ADDRESS	
XBAS	CRISAMED	LAGUNA	
ADDRESS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	MME	SINGLE	

FOR THE LICENSED GOVERNMENT PHYSICIAN

I hereby certify that I have reviewed and evaluated the attached exabove named individual and found him/her to be physically and medically			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN: Elwin 127 V. Yu, M.D.	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
Chief of Hospital Liceuse No. 098800			
AGENCY/Affiliation of Licersed Government Physician:			
LICENSE NO.	HEIGHT (M)	WEIGHT (KG) Stripped	BLOOD
	169.5an	Constitution Control Party Constitution Control	B+
OFFICIAL DESIGNATION	DATE EXAMINE	DATE EXAMINED	
	11/2	4/2019	